S.U.N.Y. DOWNSTATE
OFFICE OF THE REGISTRAR
BASIC SCIENCE BUILDING 1-112 BOX 98

# CLINICAL ELECTIVE ADD/DROP FORM

COLLEGE OF MEDICINE

- **ADD, DROP OR CHANGE dates for subinternships or electives**
- **Preceptors will receive confirmation of course enrollment.**
- **See published Add/Drop deadlines**
- **Change of dates for any SUBINTERNSHIP requires 8 weeks prior notice due to rearrangements of ward schedules.**
- **Please Note: For Extramural or Tailor-Made Electives - you may only use this form to drop or change dates. To add an extramural or tailor-made elective you must use the Proposal for Extramural/Tailor-Made Elective form.**

CHECK ONE:

STUDENT NAME: _____

☐ ADD

I.D. : _____ CLASS OF : _____

☐ DROP

☐ INTRAMURAL ON-CAMPUS ☐ EXTRAMURAL/TAILOR-MADE DROP OR CHANGE DATES ONLY

☐ CHANGE

DEPT & CODE: _____ (FROM COURSE SELECTION BOOK) ELECTIVE TITLE: _____

FACULTY PRECEPTOR: _____ PRINT NAME

FACULTY PRECEPTOR: _____ SIGNATURE REQUIRED

**ELECTIVE MUST START ON A MONDAY AND END ON A FRIDAY OR BE A FULL MONTH**

START DATE : _____ END DATE: _____ # OF WEEKS: _____

HOSPITAL SITE: _____

FOR CHANGE OF DATES FOR THE SAME ELECTIVE, FILL IN ORIGINAL DATES:

**OLD START DATE:** _____ **OLD END DATE:** _____

STUDENT SIGNATURE: _____ DATE: _____

FOR OFFICE OF THE REGISTRAR USE ONLY ENTERED IN DATABASE _____

STAFF DATE

ORIGINAL - REGISTRAR'S OFFICE 1ST COPY - STUDENT 2ND COPY - ELECTIVE PERCEPTOR OR DESIGNEE