INSTRUCTIONS: Use this form to ADD or DROP a first- or second-year elective. Student and faculty sponsor signatures are always required. You may register for those electives which are open to first- or second-year students. Only electives that appear in the SUNY Downstate Medical Center College of Medicine Course Selection Book may be added or dropped using this form.

This form should be completed at least four (4) weeks prior to the start of the proposed elective. No change is considered official until all required written approvals appear on the form and it has been submitted to the Office of the Registrar.

The Office of the Registrar will send a Student Evaluation Form to the faculty sponsor prior to the end of the semester. The faculty sponsor will return the student evaluation form directly to the Office of the Registrar. First- and second-year electives are non-credit courses, although they do appear on your official transcript with a letter grade. These electives do not fulfill graduation requirements.

Name: ____________________________
First          Middle          Last
ID: ____________________________  Class Year (Fill in): __20__  Student Box number: __________
Student Signature ____________________________

**ELECTIVE TO BE ADDED**

Elective Course Number: ____________________________  Computer Code: ____________________________
Elective Title: ____________________________
Elective Dates: ______/_____/______  to  ______/_____/______
Preceptor: ____________________________
(Print Name)
Preceptor Signature ____________________________

**ELECTIVE TO BE DROPPED**

Elective Course Number: ____________________________  Computer Code: ____________________________
Elective Title: ____________________________
Elective Dates: ______/_____/______  to  ______/_____/______
Preceptor: ____________________________
(Print Name)
Preceptor Signature ____________________________

ALL COPIES MUST BE RETURNED TO THE OFFICE OF THE REGISTRAR AFTER ALL REQUIRED APPROVALS HAVE BEEN RECEIVED. COPIES WILL BE DISTRIBUTED AFTER CHANGES ARE RECORDED.

Entered by: ____________________________  __________/_____/______
(Initials)  (Date)
Original: Student File  1st Copy: Preceptor for ADD  1st Copy: Preceptor for DROP  2nd Copy: Student