STATE UNIVERSITY OF NEW YORK HEALTH SCIENCE CENTER AT BROOKLYN
OFFICE OF THE REGISTRAR
BASIC SCIENCE BUILDING 1-112  BOX 98

REQUEST FOR CLERKSHIP CHANGE
COLLEGE OF MEDICINE

INSTRUCTIONS: This Clerkship Change form must be completed if you desire to take a clerkship during any time other than what is scheduled in your track. Note: If you change clerkships, you may encounter limitations in hospital site choices. This form must be submitted to the Office of the Registrar, Basic Science Building Rm. 1-112 at least 4 weeks prior to the start of the proposed change.

Any form submitted less than two weeks prior to the start of the clerkship will be charged a $15 late fee. No change is considered official until appropriate required approvals appear on this form, and it has been submitted to the Registrar’s Office with any required fee paid.

NOTE: Clerkships must be rescheduled, not dropped.

| TO BE FILLED OUT BY STUDENT | | TO BE FILLED OUT BY CLERKSHIP DIRECTOR |
|-----------------------------|-----------------------------|
| NAME: _____________________ | ID # _____________________ | |
| ADDRESS: __________________ | BOX #: __________________ | |
| STREET: ___________________ | TELEPHONE: _______________ | |
| CITY: _____________________ | | |
| STATE: ___________________ | | |
| ZIP: _______________ | | |

PROPOSED CHANGE:

CLERKSHIP: _____________________

CURRENT DATES: _____ TO _____

DESIRED DATES: _____ TO _____

STUDENT SIGNATURE ______________________ Date __________

Submit to the Office of the Registrar if the date of this request is at least 4 weeks prior to the start date of either the current dates or desired dates of clerkship.

OFFICE OF THE REGISTRAR AUTHORIZATION

☐ Request Approved; Space Available

☐ Request Denied; No Space Available

Office of the Registrar Signature ______________________ Date __________

Submit to the Clerkship Director if the date of this request is less than 4 weeks prior to the start date of either the current dates or desired dates of clerkship.

CLERKSHIP DIRECTOR APPROVAL

☐ Request Approved; Space Available

☐ Request Approved; Overload Approved

☐ Request Denied

Clerkship Director Signature ______________________ Date __________

Clerkship Director: Once signed, please return to the Office of the Registrar.

FOR OFFICE OF THE REGISTRAR USE ONLY

CHANGE ENTERED ON DATABASE ____________________________

STAFF INITIALS ____________________________