USE THIS FORM ONLY WHEN ADDING, DROPPING OR CHANGING DATES FOR ELECTIVES FOLLOWING THE POSTED ADD/DROP PERIOD.

- **ADD, DROP OF CHANGE** dates for Electives or Sub-Internships.
- Preceptors will receive confirmation of course enrollment.
- See published Add/Drop deadlines.
- Change of dates for any SUB-INTERNSHIP requires 8 weeks prior notice due to rearrangements of ward schedules.
- **PREREQUISITES** - Please check the listed prerequisite(s) in the online Course Catalog.
- **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. See corresponding instructions.

**CHECK ONE:**

- [ ] ADD
- [ ] DROP
- [ ] CHANGE

**STUDENT NAME:** ________________________________

**STUDENT ID:** __________________ CLASS OF: ____________

**DEPT & CRN:** ____________________ **ELECTIVE TITLE:** ______________________________________

**FACULTY**

**PRECEPTOR:** ____________________ **PRINT NAME** ____________________ **SIGNATURE REQUIRED**

**HOSPITAL SITE:** _______________________________

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

**START DATE:** ____________ **END DATE:** ____________ **# OF WEEKS:** ______

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

**OLD START DATE:** ____________ **OLD END DATE:** ____________

Student Signature: ____________________________ Date: __________

**FOR OFFICE USE ONLY**

ENTERED IN DATABASE: ____________

Staff Signature: ____________________________ Date: __________