# Clinical Elective Add/Drop Form

**College of Medicine**

**MS 3 Students Only**

Use this form only when adding, dropping or changing dates for electives following the posted Add/Drop period.

- **Add, Drop or 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.

## Checklist

- [ ] Add
- [ ] Drop
- [ ] Change

**Student Name:** ____________________________

**Student ID:** ______________________________

**Dept & CRN:** _________________________________

**Elective Title:** ______________________________

**Faculty Preceptor:** ____________________________

**Print Name**

**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 Use Only

**Entered in Database:** __________

**Staff Signature:** ____________________________

**Date:** __________