



CLINICAL ELECTIVE ADD/DROP FORM
 COLLEGE OF MEDICINE

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:

STUDENT NAME: _____

ADD

STUDENT ID: _____

DROP

CHANGE

DEPT & CRN: _____ ELECTIVE TITLE: _____
(FROM COURSE CATALOG)

FACULTY FACULTY
 PRECEPTOR: _____ 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: _____