



### 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. No Add/drops will be processed less than one month prior to its start date.
- 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: \_\_\_\_\_

CLASS YEAR: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

**ADD**

**DROP**

**CHANGE**

DEPT & CRN: \_\_\_\_\_  
(FROM COURSE CATALOG)

ELECTIVE TITLE: \_\_\_\_\_

FACULTY  
PRECEPTOR: \_\_\_\_\_  
PRINT NAME

FACULTY  
PRECEPTOR: \_\_\_\_\_  
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: \_\_\_\_\_