



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

NAME: _____

ID # _____

ADDRESS: _____
STREET

BOX #: _____

CITY STATE ZIP

TELEPHONE: _____

PROPOSED CHANGE:

CLERKSHIP: _____

CURRENT DATES: _____ TO _____

DESIRED DATES: _____ TO _____

STUDENT SIGNATURE _____

DATE OF REQUEST _____

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.

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.

OFFICE OF THE REGISTRAR AUTHORIZATION

REQUEST APPROVED; SPACE AVAILABLE

REQUEST DENIED; NO SPACE AVAILABLE

CLERKSHIP DIRECTOR APPROVAL

REQUEST APPROVED; SPACE AVAILABLE

REQUEST APPROVED; OVERLOAD APPROVED

REQUEST DENIED

OFFICE OF THE REGISTRAR SIGNATURE _____

DATE _____

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 _____