



CLINICAL ELECTIVE ADD/DROP FORM
COLLEGE OF MEDICINE

- **ADD, DROP OR CHANGE** dates for sub-internships or electives.
- 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.
- **Please Note: For Extramural, Tailor-Made or Research electives - you may only use this form to drop or change dates. To add an extramural, tailor-made or research elective you must use the Proposal for Extramural/Tailor-Made Elective form.**

CHECK ONE:

STUDENT NAME: _____

SID: _____ CLASS OF: _____

**ADD
DROP
CHANGE**

DEPT & CRN: _____
(FROM COURSE SELECTION BOOK)

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 OF THE REGISTRAR USE ONLY

ENTERED IN DATABASE _____
STAFF DATE