

DOWNSTATE MEDICAL CENTER OFFICE OF THE REGISTRAR BASIC SCIENCE BUILDING 1-112 Box 98

COLLEGE OF MEDICINE

MS1 & MS2 ELECTIVE ADD/DROP FORM

INSTRUCTIONS: Use this form to ADD or DROP a first- or second-year elective. Student and faculty sponsor signatures are always required. You may register for those electives which are open to first- or second-year students. Only electives that appear in the SUNY Downstate Medical Center College of Medicine Course Selection Book may be added or dropped using this form.

This form should be completed at least four (4) weeks prior to the start of the proposed elective. No change is considered official until all required written approvals appear on the form and it has been submitted to the Office of the Registrar.

The Office of the Registrar will send a Student Evaluation Form to the faculty sponsor prior to the end of the semester. The faculty sponsor will return the student evaluation form directly to the Office of the Registrar. First- and second-year electives are non-credit courses, although they do appear on your official transcript with a letter grade. These electives do not fulfill graduation requirements.

Name: First	Middle	Last
ID:		
Student Signature		
ELECTIVE TO BE ADDED		
Elective Course Number:	Comput	er Code:
Elective Title:		
Elective Dates://	to/	/
Preceptor:		
(Print Name) Preceptor Signature		
ELECTIVE TO BE DROPPED		
Elective Course Number:	Comput	er Code:
Elective Title:		
Elective Dates://		
Preceptor:		
(Print Name)		
Preceptor Signature		
BEEN RECEIVED. COPIES WILL BE I	DISTRIBUTED AFTER CHANGES ARI	AFTER ALL REQUIRED APPROVALS HAVE E RECORDED.
OFFICIAL USE ONLY Enter		