

Phase 3 Add/Drop Form

Today's Date: _____

DUE DATE: This form must be completed and turned in to the Office of Academic Records **at least 4 weeks prior** to the start date of the elective. Incomplete forms will not be accepted.

| | | | |
|---------|---|--|-----------|
| STUDENT | Student name (Please print) | | Banner ID |
| | Campus Mailbox # | <input type="checkbox"/> Year 3 (M3) <input type="checkbox"/> Year 4 (M4) <small>Current Status (check one)</small> | |
| | I acknowledge that I have successfully completed and/or remediated the Internal Medicine, Surgery, Pediatrics, Ob/Gyn, and Psychiatry clerkships before taking ANY 4th year requirements or electives that require successful completion of these clerkships. | | |
| | Student signature | | Date |

| | | | |
|------|--|--------------|----------------------------|
| DROP | Course Code/Number (e.g., N-377) | Course Title | |
| | Start Date | End Date | Course Length (# of weeks) |
| | Department Approval to Drop (course director or educational coordinator): | | |
| | Name (Please print) | Signature | Date of Approval |

| | | | |
|-----|---|--------------|----------------------------|
| ADD | Course Code/Number (e.g., N-377) | Course Title | |
| | Start Date | End Date | Course Length (# of weeks) |
| | Department Approval to Add (course director or educational coordinator): | | |
| | Name (Please print) | Signature | Date of Approval |

Advisor's Signature: _____

Advisor approval is not required for date change only.

FOR OFFICE USE ONLY

Schedule change made in ESS **Date:** _____ **Initials:** _____

Schedule change made in Banner **Date:** _____ **Initials:** _____