

Add/Drop Form for Clinical Rotations

Today's Date:

Phone #:

Term::

Student EMPLID #:

Date of Birth:

(Check your current medical academic level for the term)

MS2

MS3

MS4

Name (Last, First Middle):

All Add/Drops must be completed online unless:

1. The course requires departmental approval to add/drop.
2. The course is a Core Clerkship that is being deferred (Must be approved by the department and one of the Associate Deans).
3. The course is an off-campus elective (No additional signatures required, only proof of acceptance).

Student Signature

Date

Departmental approval:

Departmental Signature

Date

Core Clerkship deferral (requires Associate Dean Approval):

Associate Dean Signature

Date

<u>ADD</u>	Course ID	Period	Course Title
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>

<u>DROP</u>	Course ID	Period	Course Title
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>