

# 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 \_\_\_\_\_

<b>ADD</b>	<b>Course ID</b>	<b>Period</b>	<b>Course Title</b>
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"/>

<b>DROP</b>	<b>Course ID</b>	<b>Period</b>	<b>Course Title</b>
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"/>