

## LATE 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):

**NOTE:** All course information should be filled in completely.

All late add(s) are subject to availability. A wait list may exist for the course, and the Office of Enrollment Services (OES) **cannot** override the waitlist.

If you are doing a late drop and add, **two forms (with appropriate signatures) must be completed** and submitted to OES.

**This form should be used when:**

1. The course is added less than FOUR weeks before the beginning of the course.
2. The Course is dropped less than FOUR weeks before the beginning of the course.

### To Be Completed By the Student

Check the appropriate action:

☐ LATE ADD

☐ LATE DROP

**Course ID**

**Period**

**Course Title**

Example:

Please provide an explanation for requesting this late add/drop:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### To Be Completed By the Department

Check the appropriate action:

☐ REQUEST GRANTED

☐ REQUEST DENIED

\_\_\_\_\_  
Course Director or Department Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone