Use this form for electives & late changes. For other courses, for changes made 30 days or more before a start date, use Cbase2.
Give this completed form to Bonnie at:
Office of Medical Education
SOM, Zip=8432.

Note: The Add/Drop is not official until this office receives the signed form. Official drop/add deadline is 4 weeks prior to the start of the rotations affected. You can also fax the form to 631-444-9521.

Student’s Name (Please Print) ___________________________________________ 3rd Year 4th Year

E-mail address: __________________________ Phone Number (          ) ______ - _______

Request to Drop:
Circle one: * 3rd year elective  * 4th year Elective  Other____________________________

Name of Course ____________________________________________________________

Site ______________________ Start Date: Month_____ Day_____ Year_________

End Date:   Month_____ Day_____ Year_________

Reason for Request:

Date_______ ________________________________

Student's signature

Educational Coordinator or his/her designee approves and has notified the Course Director ______________________

Request to Add:
Circle one: * 3rd year elective  * 4th year Elective  Other____________________________

Name of Course ____________________________________________________________

Site____________________ Start Date:     Month_____ Day_____ Year_________

End Date:      Month_____ Day_____ Year_________

Reason for Request:

Date_______ ________________________________

Student's signature

Educational Coordinator or his/her designee approves and has notified the Course Director ______________________