Drop/Add Form

Student’s Name (Please Print) ________________________________________ □ 1st/2nd □ 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
__________________________________________

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 Undergraduate 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.

Date rec’d in UGME: __________