

Drop/Add Form

SCP Student? ☐ Yes ☐ No

Use this form for late changes which cannot be made electronically in Cbase (<14 days from the start date for electives and <30 days from the scheduled start date for courses.)

Send **completed** form to Jeanine: Office of Student Affairs, HSC L4-147, Zip=8432.

You can also fax the form to (631) 444-9376 or email jeanine.fazzini@stonybrookmedicine.edu

Note: The Drop/Add is not official until it has been approved by Dr. Strano-Paul.

Date rec'd in OSA:

Date entered by OSA

OSA Initials

Student's Name: _____

☐ Phase I ☐ Phase II ☐ Phase III

E-mail address: _____

Phone Number (____) _____ - _____

Student's signature _____

Date: _____

☐ **Request to Drop:** Check one: ☐ Phase I course/elective ☐ Phase II course/elective ☐ Phase III course/elective

Name of Course _____

Start Date: Month ____ Day ____ Year ____

Site: _____

End Date: Month ____ Day ____ Year ____

Reason for Request:**Department Coordinator or Designee approves and has notified the Course Director:**_____
Print_____
Signature☐ **Request to Add:** Check one: ☐ Phase I course/elective ☐ Phase II course/elective ☐ Phase III course/elective

Name of Course _____

Start Date: Month ____ Day ____ Year ____

Site: _____

End Date: Month ____ Day ____ Year ____

Reason for Request:**Department Coordinator or Designee approves and has notified the Course Director:**_____
Print_____
Signature**Dean's Approval**_____
Lisa Strano-Paul, MD, FACP, Assistant Dean for Clinical Education**Notes:**