Phase 3 Add/Drop Form

Today's Date: _____

DUE DATE: This form must be completed and turned in to the Office of Academic Records **at least 4 weeks prior** to the start date of the elective. Incomplete forms will not be accepted.

STUDENT		
Student name (Please print)		Banner ID
Campus Mailbox #	☐ Year 3 (M3) ☐ Year 4 (M4) Current Status (check one)	
I acknowledge that I have successfully completed and/or remediated the Internal Medicine, Surgery, Pediatrics, Ob/Gyn, and Psychiatry clerkships before taking ANY 4th year requirements or electives that require successful completion of these clerkships.		
Student signature		Date

DROP		
Course Code/Number (e.g., N-377)	Course Title	
Start Date	End Date	Course Length (# of weeks)
Department Approval to Drop (course director or educational coordinator):		
Name (Please print)	Signature	Date of Approval

ADD		
Course Code/Number (e.g., N-377)	Course Title	
Start Date	End Date	Course Length (# of weeks)
Department Approval to Add (course director or educational coordinator):		
Name (Please print)	Signature	Date of Approval

Advisor's Signature: _____

Advisor approval is not required for **date** change only

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FOR OFFICE USE ONLY

Schedule change made in OASIS   Date: _____   **Initials:** _____

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