

Extramural Elective - Clerkship Drop/Add Form

THE UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY

EXTRAMURAL ELECTIVE - CLERKSHIP DROP/ADD FORM

This form is to be completed by any University of Rochester medical student who is enrolling in an extramural elective/clerkship for academic credit. This Extramural Elective-Clerkship Drop/Add Form is to be completed and returned to the Medical School Registrar's Office before participating in the experience. These forms are located at the Medical School Registrar's Office. No credit will be granted retroactively.

Student Name _____ Student ID Number _____

Box # _____ Class of _____ Local Phone _____

(Check One) First Year _____ Second Year _____ Third Year _____ Fourth Year _____ Other _____

Action to be taken: Add _____ Drop _____ Date Change _____

Extramural Elective - Clerkship Information:

Title: _____

Course Dates: _____ # Weeks: _____

Brief Description of Proposed Extramural Elective - Clerkship: _____

Extramural faculty/preceptor information:

Name _____ Phone _____

Address _____

Signatures:

Student _____ Date _____

Approval of U. of R. Faculty Sponsor _____ Date _____

Approval of Advisory Dean _____ Date _____

Approval of Registrar's Office _____ Date _____