REQUEST TO ADD/DROP/SWITCH CLERKSHIP SCHEDULE

Student Name: ___________________________ Date: ___________________________

**ADDED CLERKSHIP:**

Clerkship Director: ___________________________  (print name)  (signature*) (date)

Title of Clerkship: ___________________________  Course# __________________

Rotation/Block #: _______ Dates: ___________ to ___________  # of Weeks ______

_____ COM-UC Clerkship or _____ Off-Campus Clerkship  __________ Location of clerkship

(Note: If you are requesting a clerkship at another institution, a description of the elective must be provided)

**DROPPED CLERKSHIP:**

Clerkship Director: ___________________________  (print name)  (signature*) (date)

Title of Clerkship: ___________________________  Course# __________________

Rotation/Block #: _______ Dates: ___________ to ___________  # of Weeks ______

_____ COM-UC Clerkship or _____ Off-Campus Clerkship

My reason for this request is:

____________________________________________________________________________________

____________________________________________________________________________________

_____________________________  Approve ___  Disapprove ___

Clinical Faculty Advisor*

_____________________________  Approve ___  Disapprove ___

Department Head

*The Student must obtain the signature of the clerkship director(s) before submitting the request to the Office of Student Affairs, 125 Medical Sciences Building, 506 South Mathews Avenue, Urbana, IL 61801. If the request is for an elective, the appropriate COM-UC department head approval is also needed. A separate form is to be submitted for each request for clerkship or request for a change in the clerkship schedule. The completed form is to be submitted for consideration at least 30 days in advance.

_____ Approve  _____ Disapprove  ___________________________ Date ___________________________

Office of Student Affairs

For SA/MSP Office Use Only:

□ DB ___________________________ □ ORACLE ___________________________

□ TABLE ___________________________ □ BANNER ___________________________