REQUEST TO ADD/DROP/MODIFY CLERKSHIP SCHEDULE

THIS FORM IS TO BE GIVEN TO THE APPROPRIATE CLINICAL COORDINATOR FOR PROCESSING
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.

Student Name: ________________________________________________________________________
(print name) (signature ~ required) (date)

ADDED CLERKSHIP:

Clerkship Director: __________________________ Course# ______________________
(print name) (for away use closest Urbana clerkship #)

Title of Clerkship: ______________________________________________________________________

Rotation/Block #: ____________ Dates: _______________ to _______________ # of Weeks _______

Location (for registration purposes):
Carle ________ Presence ________ Other __________________________________________________

(Note: If you are requesting a clerkship at another institution, a description of the elective and a copy of your acceptance for that elective from the away institution must be given to the clinical coordinator before processing will take place.)

DROPPED CLERKSHIP:

Clerkship Director: __________________________ Course# ______________________
(print name) (for away use closest Urbana clerkship #)

Title of Clerkship: ______________________________________________________________________

Rotation/Block #: ____________ Dates: _______________ to _______________ # of Weeks _______

My reason for this request is: _____________________________________________________________

MODIFIED CLERKSHIP DATES:

Clerkship Director: __________________________ Course# ______________________
(print name) (for away use closest Urbana clerkship #)

Title of Clerkship: ______________________________________________________________________

Rotation/Block #: _____ Original Dates: _________________ to Dates _________________ # of Weeks _____

FOR ELECTIVES and for ALL DATE CHANGES AND DROPS approval from the appropriate COM-UC department head and approval from Student Affairs are also needed.

___ Approve ___ Disapprove __________________________ __________________________
Department Head (signature ~ required) Date

___ Approve ___ Disapprove __________________________ __________________________
Office of Student Affairs (signature ~ required) Date

For SA/MSP Office Use Only: ☐ Access; ☐ Oracle; ☐ Table; ☐ E-mail; ☐ Banner CRN ________________
Revised Jan 2014