## **Add/Drop Form for Clinical Rotations** Term:: Phone #: Today's Date: (Check your current medical academic level for the term) Date of Birth: Student EMPLID #: MS2 <sup>-</sup> MS3 MS4 Name (Last, First Middle): All Add/Drops must be completed online unless: 1. The course requires <u>departmental approval</u> to add/drop. 2. The course is a **Core Clerkship** that is being deferred (Must be approved by the department and one of the Associate Deans). 3. The course is an off-campus elective (No additional signatures required, only proof of acceptance). Student Signature Date Departmental approval: Departmental Signature Date Core Clerkship deferral (requires Associate Dean Approval): Associate Dean Signature Date **Course Title ADD Course ID** Period 1. 2. 3. 4. 5. 6. **DROP Course ID** Period **Course Title** 1. 2. 3. 4. 5. 6.