



# DAVID GEFLEN SCHOOL OF MEDICINE, UCLA CLINICAL ELECTIVE DROP/ADD FORM

Name \_\_\_\_\_ Class of \_\_\_\_\_ Today's Date \_\_\_\_\_

Student phone and pager numbers \_\_\_\_\_  Drew/UCLA Students

## IF YOU ARE DROPPING/ADDING COURSE LESS THAN THE 30 DAY DEADLINE STOP!

You must submit a Petition to Drop/Add Clinical Elective After the Deadline to Linda Cuesta, Office of Student Affairs, 12-159 CHS, Fax # (310) 794-9574 **PRIOR TO SUBMITTING THIS FORM TO STUDENT COORDINATOR**

### STUDENT INSTRUCTIONS

- Use this form to ADD, DROP OR CHANGE dates for electives
  - a. Contact student coordinator by telephone or email (contact information located in the Handbook of Courses) to check availability of dates for the elective you're interested in adding. Do not fax over the form without speaking to the student coordinator first
  - b. Submit this form to student the coordinator to obtain approval signature (for both dropping and adding of courses)
- The form must be submitted to the student coordinator **as soon as possible or at least 30 days prior** to the start of the elective (for both dropping and adding)
- Failure to appear for a clerkship without submitting a signed Drop/Add Form 30 days prior to the start date may result in a **FAIL**
- It is your responsibility to make sure your schedule reflects all changes

Please check all that apply:    **ADD**             **DROP**             **DATE CHANGE ONLY**  \_\_\_\_\_ **Date Change From**

Course #	Course Name	Location
_____ to _____	_____ Starting Week#	_____ Total # of Weeks
Inclusive Dates		

### STUDENT COORDINATOR INSTRUCTIONS

- Please fax the signed copy to **Linda Cuesta**, Office of Student Affairs, 12-159 CHS, Fax # (310) 794-9574
- Please make a copy for your records and update your paper roster. Updates will be reflected on the ESS roster within two weeks of the SAO receiving this form
- If you have additional questions, please contact Linda Cuesta at (310) 206-0245

Course Chair's Name \_\_\_\_\_ Course Chair's or Course Coordinator's Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Student's Signature \_\_\_\_\_ Date \_\_\_\_\_