DAVID GEFFEN SCHOOL OF MEDICINE, UCLA
PETITION TO DROP/ADD CLINICAL ELECTIVE
AFTER THE DEADLINE
(Less Than 30 Days)

Name __________________________________________________________
Class of ______________________

Phone and pager number __________________________________________

Instructions

➢ Complete petition and submit to Linda Cuesta, Office of Student Affairs, 12-159 CHS, Fax # (310) 794-9574) for Dr. Parker’s approval
➢ Linda Cuesta will notify you via email once your petition has been approved or denied
➢ If petition is approved, complete a Clinical Elective Drop/Add Form (please see Clinical Elective Drop/Add Form for instructions).

ADD □ Date of Course: ______________ # of Weeks: __________

___________________________________________ ______________________
Course # Course Name Location

DROP □ Date of Course: ______________ # of Weeks: __________

___________________________________________ ______________________
Course # Course Name Location

DATE CHANGE □ Date changed from: __________ Date changed to: __________

___________________________________________ ______________________
Course # Course Name Location

REASON FOR PETITION: I understand that schedule changes must be made at least 30 days in advance. I was unable to meet this deadline for the following reason(s):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Furthermore, I understand that I can only petition to add or drop an elective less than the 30 day deadline three times in one academic year. I understand that if approved, this petition will allow me to proceed with the ADD/DROP process. APPROVAL OF THIS PETITION DOES NOT GUARANTEE THAT MY ADD/DROP FORM WILL BE APPROVED BY THE COURSE CHAIR. Once I receive confirmation of this petition being approved, I must submit an ADD/DROP Form to the appropriate Course Coordinator for further approval.

___________________________________________ ______________________
Student Signature Date

___________________________________________ ______________________
Dean’s Approval Signature Date

drop_add late petition
Revised March 3, 2004