



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