



**DAVID GEFFEN SCHOOL OF MEDICINE, UCLA  
CLINICAL ELECTIVE DROP/ADD FORM  
NOT FOR VISITING STUDENT USE**

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

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

**All Elective Drop/Add Forms must be submitted to the student coordinator AT LEAST ONE MONTH PRIOR the start date of the elective.**

**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.
  - b. Submit this form to student the coordinator to obtain approval signature (for both dropping and adding of courses). You may fax, mail, or hand deliver the form. Do not send the form without speaking to the student coordinator first.
- 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**
- Electives are **not** automatically dropped when *Elective Drop/Add Forms* are submitted for the same time period.
- It is your responsibility to make sure your schedule reflects all changes

Date Change From \_\_\_\_\_

Please check all that apply: ADD  DROP  DATE CHANGE ONLY  \_\_\_\_\_

\_\_\_\_\_ Course # \_\_\_\_\_ Course Name \_\_\_\_\_ Location \_\_\_\_\_

\_\_\_\_\_ Start Date \_\_\_\_\_ to \_\_\_\_\_ End Date \_\_\_\_\_ Starting Week # \_\_\_\_\_ Total # of Weeks \_\_\_\_\_

**STUDENT COORDINATOR INSTRUCTIONS**

- Please keep a copy of this form 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
- Please fax (310-794-9574) or email [mperkins@mednet.ucla.edu](mailto:mperkins@mednet.ucla.edu) the signed copy to **Monica Perkins**, Office of Student Affairs
- If you have additional questions, please contact **Monica Perkins** at (310) 825-6282.

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

\_\_\_\_\_ Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_