Instructions: You must contact department before you complete the form for permission to drop or add a course. A Clinical Course Change Form must be completely filled in by the student, before submitting to the Department. A total of four (4)* elective course schedule changes are permitted. (A drop and add within the same module constitutes one (1) schedule change.) Requests for course changes must be received four (4) weeks prior to the beginning of the module starting date. **There will be no exceptions.**

Date: __________________________

Student Name: __________________________________________

Person Number: ____________________________

Department: ________________________________________

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<tr>
<th>Mod</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Instructor</th>
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____ ADD     _____ DROP

Reason for Change:

____________________________________________________________________

____________________________________________________________________

Department Coordinator Signature ____________________________ Date ____________

*Departmental Course Monitors should provide students with a signed copy of the form and forward the original form to the Office of Medical Education for processing.

*Total of one (1) elective change for year three students allowed.