

UNIVERSITY OF BUFFALO SCHOOL OF MEDICINE

CLINICAL COURSE CHANGE FORM

Instructions: A total of up to four (4) elective course schedule changes are permitted. (A drop and add within the same module constitutes one (1) schedule change.) A Clinical Course Change Form must be completely filled in by the student, before submitting to the Department. Requests for course changes must be received six (6) weeks prior to the beginning of the module starting date.

Date: _____

Student Name: _____ Person Number: _____

Department: _____

Mod	Course Number	Course Title	Instructor
_____	_____ - _____ - _____	_____	_____

_____ ADD _____ DROP Reason for Change: _____

_____ Date: _____
Department Coordinator Signature

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.