

ELECTIVE ADD/DROP FORM (FOR ELECTIVES TAKEN DURING YEAR THREE OPTION PERIODS)

STUDENT NAME:		DATE:	
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This completed form (including necessary faculty signatures) must be filed with the Years Three and Four Registrar in the Office of Education and Curriculum NO LATER than FOUR (4) WEEKS BEFORE the course start date. If this is not done, no schedule change will take place.

Extenuating circumstances, if submitted in writing, will be reviewed by the Chair of the Year Four Curriculum Committee.

***** ADD / DROP *****

___ ADD ___ DROP	Dates	Week #s
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ELECTIVE

Elective Faculty Signature	Date
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(NOTE: Faculty are under no obligation to approve last minute changes. Any changes received after the deadline will not be reflected on the final class roster.)

***** SWITCH *****

SWITCH ELECTIVE		
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FROM:	Dates	Week #s
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TO:	Dates	Week #s
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Elective Faculty Signature	Date
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(NOTE: Faculty are under no obligation to approve last minute changes. Any changes received after the deadline will not be reflected on the final class roster.)

PLEASE RETURN THIS FORM TO:

Cherie Forsyth , Years Three & Four Registrar
 SIU School of Medicine
 Office of Education & Curriculum
 801/3 N. Rutledge, PO Box 19622
 Springfield, IL 62794-9622
 Phone: 217/545-6124 Fax: 217/545-0192

DEADLINE: FOUR (4) WEEKS PRIOR TO THE START OF THE ELECTIVE

Date Received: _____