

### ADD/DROP FORM

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 \*\*\*\*\*

<input type="checkbox"/> ADD <input type="checkbox"/> 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:		
	FROM:	Dates:
	TO:	Dates:
Week #s:		Week #s:
Elective Faculty Signature:		Date:

***(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:**

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

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

Date Received:		
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