

ADD/DROP FORM

STUDENT NAME:	DATE:						
<p>This completed form (including necessary faculty signatures) must be filed with the Years Three and Four Registrar in the Office of Education and Curriculum <i>NO</i> later than 8:00 a.m. on the Monday of the week <i>BEFORE</i> the course start date. If this is not done, no schedule change will take place.</p> <p>Extenuating circumstances, if submitted in writing, will be reviewed by the Chair of the Year Four Curriculum Committee.</p>							
***** ADD / DROP *****							
<input type="checkbox"/> ADD <input type="checkbox"/> DROP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Dates:</td> <td style="width: 50%; padding: 5px;">Week #s:</td> </tr> </table>	Dates:	Week #s:				
Dates:	Week #s:						
ELECTIVE:							
Elective Faculty Signature:	Date:						
<p><i>(NOTE: Faculty are under no obligation to approve last minute changes. Any changes received after the deadline will <u>not</u> be reflected on the final class roster.)</i></p>							
***** SWITCH *****							
SWITCH ELECTIVE:							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center; padding: 5px;">FROM:</td> <td style="width: 30%; padding: 5px;">Dates:</td> <td style="width: 40%; padding: 5px;">Week #s:</td> </tr> <tr> <td style="text-align: center; padding: 5px;">TO:</td> <td style="padding: 5px;">Dates:</td> <td style="padding: 5px;">Week #s:</td> </tr> </table>	FROM:	Dates:	Week #s:	TO:	Dates:	Week #s:
FROM:	Dates:	Week #s:					
TO:	Dates:	Week #s:					
Elective Faculty Signature:	Date:						
<p><i>(NOTE: Faculty are under no obligation to approve last minute changes. Any changes received after the deadline will <u>not</u> be reflected on the final class roster.)</i></p>							
PLEASE RETURN THIS FORM TO:	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:							