

## 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 8:00 a.m. on the Monday of the week *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:		
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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.)***

<b>PLEASE RETURN THIS FORM TO:</b>	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
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Date Received:		
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