



## ELECTIVE ADD/DROP FORM

STUDENT NAME:		DATE:	
<p><b>This completed form (including necessary faculty signatures) must be filed with the Years Three and Four Registrar in the Office of Education and Curriculum <u>NO LATER</u> than 8:00 a.m. on the Monday of the week <u>BEFORE</u> the course start date. If this is not done, no schedule change will take place. (E-Mail approval is sufficient)</b></p>			
<p>Extenuating circumstances, if submitted in writing, will be reviewed by the Chair of the Year Four Curriculum Committee.</p>			
<p><b>***** ADD / DROP *****</b></p>			
___ ADD ___ DROP	Dates	Week #s	
ELECTIVE			
<b>Elective Faculty Signature</b> (E-mail approval sufficient)		Date	
<p><b>(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.)</b></p>			
<p><b>***** SWITCH *****</b></p>			
SWITCH ELECTIVE			
FROM:	Dates	Week #s	
TO:	Dates	Week #s	
<b>Elective Faculty Signature</b> (E-mail approval sufficient)		Date	
<p><b>(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.)</b></p>			
<b>PLEASE RETURN THIS FORM TO:</b>	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		
Date Received: _____			