



**Y3 – SELECTIVE  
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 **Four Weeks Prior to the course start date**. If this is not done, no schedule change will take place.

(E-Mail approval is sufficient)

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

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

____ ADD ____ DROP	Date:	Week #:
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SELECTIVE

Advisor of Student Signature

Date:

Selective Faculty/PEP Director  
Signature

Date:

(E-mail approval sufficient)

*(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** \*\*\*\*\*

SELECTIVE

FROM:

Dates:

Week #s:

TO:

Dates:

Week #s:

Advisor of Student Signature

Date:

Selective Faculty/PEP Director  
Signature

Date:

(E-mail approval sufficient)

*(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

Date Received: \_\_\_\_\_