



HOFSTRA NORTHWELL
SCHOOL of MEDICINE
AT HOFSTRA UNIVERSITY™

Selective, Elective, and AI Change Request Form 2016-2017

Hofstra North Shore-LIJ School of Medicine
500 Hofstra University
Hempstead, NY 11549-5000

Instructions: Please complete the information requested on this form and return to Vanessa Fyfe at SOMregistrar@hofstra.edu. Allow up to two weeks for processing.

Please be advised change requests must be submitted at least 6 weeks prior to your rotation start date. Failure to submit by deadline will result in a high likelihood that this request will not be able to be accommodated. Submitting a change request within these 6 weeks is permitted only when there is undue hardship and you will need direct approval from the Associate Dean for Advanced Clinical Learning and the Director of Acting Internships.

Section 1: Student Information

Name: _____

700#: _____

Tel: _____

Email: _____

Date Submitted: _____

Current Class (Check one): ___ MS3 ___ MS4

Section 2: Drop Request

Example:

Course #	Course Title	Start Date	End Date	Reason
4160	Pediatrics: Cardiology	1/4/16	1/31/16	I decided to switch my specialty from Pediatrics to Medicine.

Course #	Course Title	Start Date	End Date	Reason

Section 3: Add Request – Please provide your top three choices, should your first choice not be available. Rotations can be found in the Course Catalog.

Example:

Option #	Course #	Course Title	Start Date	End Date	Reason
1	4110	Cardiology: General	1/4/16	1/31/16	Change in specialty.
2	4194	Cardiac Arrhythmias and Electrophysiology	1/4/16	1/31/16	Change in specialty.
3	4905	Cardiology: Clinical Preceptorship	1/4/16	1/31/16	Change in specialty.

Option #	Course #	Course Title	Start Date	End Date	Reason

Section 4: MS4s Only - Additional Information

If you are dropping an elective at NSLIJ to pursue an outside away rotation, please complete the information below:

Away Elective Title: _____ Department: _____

Institution: _____ State: _____

Section 5: Student Certification

I have reviewed the above document and completed all fields necessary for my schedule change request. I acknowledge that this will not guarantee a schedule change, and understand I will be notified by the Office of Academic Affairs or Office of Curriculum Support and Assessment when my change has been approved or denied.

Student Signature _____ **Date** _____

Section 6: Office Use Only

Approved or Denied: _____

Student Notified (Date): _____

One45 Updated (Date): _____