



* indicates a mandatory response

Selective, Elective, and AI Change Request Form 2017-2018

Instructions: Please complete the information requested on this form. Please note, while two weeks is the typical amount of time for processing a request, at times this may vary.

*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 Assistant Dean for Clinical Preparation for Residency.*

Please note, only one course can be added or dropped per form submission.

Section 1: Student Information

*700#:

[0, or positive number only, no decimals]

*Tel:

[0, or positive number only, no decimals]

*Email:

*Date Submitted:

*Current Class (Check one):

MS3

MS4

Section 2: Drop Request

Course #:

[0, or positive number only, no decimals]

Course Title:

Start date (please use MM/DD/YY format)

End Date (please use MM/DD/YY format)

Reason:

Section 3: Add Request - Only one new course can be added per form. Please provide

your top three choices, should your first choice not be available. Rotations can be found in the Course Catalog.

First Choice:

Course #:

[0, or positive number only, no decimals]

Course Title:

Start date (please use MM/DD/YY format)

End Date (please use MM/DD/YY format)

Reason:

Second Choice:

Course #:

[0, or positive number only, no decimals]

Course Title:

Start date (please use MM/DD/YY format)

End Date (please use MM/DD/YY format)

Reason:

Third Choice:

Course #:

[0, or positive number only, no decimals]

Course Title:

Start date (please use MM/DD/YY format)

End Date (please use MM/DD/YY format)

Reason:

Section 4: MS4s Only - Additional Information

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

Away Elective Title:

Department:

Institution:

State:

Section 5: Student Certification

I have reviewed this form 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 via email when my change has been approved or denied.

*Student Signature:

*Date:

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)