INDIANA UNIVERSITY
SCHOOL OF MEDICINE

Medical Student Affairs
John D. Van Nuys Medical Science Bldg- 119
635 Barnhill Drive
Indianapolis, IN 46202-5120

Last name, First, Middle Initial

Date

Elective Change Request Form

(for use by MS IV students only)

Instructions:

1. One complete "ELECTIVE CHANGE REQUEST" form is required for each calendar month being changed.
2. The student should discuss all changes with his/her assigned faculty advisor and obtain the advisor's approval before any other signatures are obtained.
3. Approval to change an elective must be obtained from the course director (Director of Medical Education if applicable) of elective added and dropped. (Most electives offered by clinics and hospitals outside the IU School of Medicine campus must be approved by the Office of Medical Education located in the hospital offering the elective),

This form should be completed and returned to the Dean's Office for Medical Student Affairs, Student Records Section, Medical Science Bldg, Rm 118, **no later than one month before the starting date of the elective unless otherwise specified in the course description.**

Final approval of this request will be made by the Dean's Office for Medical Student Affairs after approval of those indicated below and completion of all necessary requirements.

PLEASE PRINT

Reason for change _____

Month of Change_____

Add elective #_____ Drop elective #_____

_____ _____

Authorized Signature (Course Director) Date Authorized Signature (Course Director) Date

_____ _____

Faculty Advisor Date Dean's Office Date