



CNUCOM 4th Year Elective Course Add Form
(Please fill out completely – incomplete forms will not be accepted)

Do not approach clinical sites in order to make schedule changes. All requests must be submitted through Clerkship Coordinators for verification and approval. ***Requests must be submitted 4 weeks prior to rotation start dates otherwise application will be denied.***

Please submit completed forms to: **M4@cnsu.edu**

NAME:	DATE:
EMAIL:	PHONE #:
DESIRED PATHWAY:	

COURSE(S) TO BE ADDED

START DATE	END DATE	COURSE TITLE	COURSE NUMBER	LOCATION

California Northstate Administration	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature: _____ Date: ___/___/___