



## CNUCOM COURSE ADD/DROP FORM: Year 4

*(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 the clerkship coordinators. **Requests need to be submitted minimum 6-weeks prior to rotation start date.**

- Email form to [M4@cnsu.edu](mailto:M4@cnsu.edu). Please include in the email Subject: CNU 4th year rotation request

**Today's Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

| COURSE(S) TO BE ADDED |              |          |            |          |
|-----------------------|--------------|----------|------------|----------|
| COURSE #              | COURSE TITLE | LOCATION | START DATE | END DATE |
|                       |              |          |            |          |
|                       |              |          |            |          |
|                       |              |          |            |          |
|                       |              |          |            |          |
|                       |              |          |            |          |

| COURSE(S) TO BE DROPPED |              |          |            |          |
|-------------------------|--------------|----------|------------|----------|
| COURSE #                | COURSE TITLE | LOCATION | START DATE | END DATE |
|                         |              |          |            |          |
|                         |              |          |            |          |

**Reason for Drop:**

**Student Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**CNUCOM Administration:**

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

*For Office Use Only:*

Approved:

Denied: