



**CNUCOM 4<sup>th</sup> Year Elective Course Drop 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**

<b>NAME:</b>	<b>DATE:</b>
<b>EMAIL:</b>	<b>PHONE #:</b>
<b>DESIRED PATHWAY:</b>	

**COURSE(S) TO BE DROPPED**

<b>START DATE</b>	<b>END DATE</b>	<b>COURSE TITLE</b>	<b>COURSE NUMBER</b>	<b>LOCATION</b>

**REASON FOR DROP:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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