



CNUCOM CLERKSHIP DEFERRAL FORM: Year 3

(Please fill out completely – incomplete forms will not be accepted.)

Do not approach clerkship directors in order to make schedule changes. All requests must be submitted through the clerkship coordinators.

- Email form to M4@cnsu.edu
Please include in the email Subject: CNU 3rd year defer request.

Student Name: _____

Phone: _____ **Email:** _____

CLERKSHIP TO BE DEFERRED:		
CLERKSHIP	START DATE	END DATE

Reason for Deferral:

Student Signature: _____ **Today's Date:** _____

CNUCOM Faculty

Signature: _____ **Today's Date:** _____
Clerkship Director (Deferred Clerkship)

Signature: _____ **Today's Date:** _____
Chair, Department Clinical Medicine – Dr. Peter Yip

Signature: _____ **Today's Date:** _____
Director, M4 Electives and Subinternship – Dr. Vijay Khatri

For Office Use Only:

Approved: _____

Denied: _____