

**CNU 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 Medical Student Affairs Office, South Sacramento Kaiser.

**Requests need to be submitted 4-weeks prior to rotation start date.**

- Fax form to **916-688-6813** or email form to [michelle.m.ramirez@kp.org](mailto:michelle.m.ramirez@kp.org)

<b>DATE:</b>	<b>E-MAIL:</b>
<b>NAME:</b>	<b>PHONE #:</b>
<b>SIGNATURE</b>	
	<b>CURRENT PATHWAY:</b>

**COURSE(S) TO BE DROPPED** (below)

START DATE	END DATE	COURSE TITLE	COURSE NUMBER	LOCATION

**COURSE(S) TO BE ADDED** (below)

START DATE	END DATE	COURSE TITLE	COURSE NUMBER	LOCATION

Kaiser Medical Student Affairs Office	
Approved <input type="checkbox"/>	Signature: _____ Date: ___/___/___
California Northstate Administration	
Approved <input type="checkbox"/>	Signature: _____ Date: ___/___/___