



M3 Clerkship Add/Drop/Change Form

Office of the Registrar
9700 West Taron Drive | Elk Grove, CA 95757
CNRegistrar@cnsu.edu | (Fax) 916-686-8432
Forms are available at <http://www.cnsu.edu/office-of-the-registrar>

INSTRUCTIONS (see page 2 for detailed instructions)

To change official course registration, submit this completed form to our Clerkship Coordinator staff at m3@cnsu.edu. This form will be forwarded to M3 and M4 Directors for review and decision. OME provides final approval. Do not initiate contact with clerkship director.

STUDENT INFORMATION

Name: _____
First *Middle* *Last*

Student ID #: _____ Class of/Cohort: _____ Term (*check one*): Fall Spring Year: _____

Please refer to College of Medicine add/drop policy for complete information and deadlines

ADD/DROP	COURSE PREFIX, #, TRACK #	CLERKSHIP TITLE	CLERKSHIP DATES	REASON FOR REQUESTING CHANGE
Add			START:	
Drop	Track:		END:	
Add			START:	
Drop	Track:		END:	
Add			START:	
Drop	Track:		END:	
Add			START:	
Drop	Track:		END:	

SIGN HERE

STUDENT SIGNATURE: _____ Date: _____

M3 and M4 Director Decision

The M3 clerkship(s) change requested by the above named student have been discussed with the respective Clerkship Director(s) by the M3 Director and reviewed with the M4 Director to meet academic and scheduling requirements.

Official	Approve	Signature	Date
M3 Director (Dr. Rogers)	YES NO		
M4 Director (Dr. Khatri)	YES NO		

Form MUST be submitted to Office of Medical Education (email to ome@cnsu.edu) for final review and approval

Office of Medial Education (OME) Decision

The request for Change/Add/Drop has been: **Approved** **Denied**

SIGNATURE: _____
Assoc. Dean of Medical Education Type or Print Last Name Date

OME decision is forwarded to Registrar and the M3 clerkship coordinator (m3@cnsu.edu)

OFFICE OF THE REGISTRAR USE ONLY

Date Received: _____ Date Processed: _____ Processed By: _____ Updated 01/12/21