UNIVERSITY OF MIAMI
MILLER SCHOOL of MEDICINE

# ADD/DROP REQUEST FORM

Please return form to: Student Affairs Office – RSMB – Room 2102 or medicalstudentaffairs@med.miami.edu
(305) 243 – 5821 (Office) / (305) 243 – 8151 (Fax)

| C Number or EMPL ID | Student Name (Last, First, Middle Initial) | Circle Applicable Track ☐ MD ☐ MD/MPH | Graduation Year | Submitted Date | Submitted Time |
|---|---|---|---|---|---|
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| Email Address | Phone number |
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## Approved Courses to Add

| Course MDR # | Course Name | #wks | Block | Start Date | End Date | Program Director/Coordinator Signature to approve request |
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## Approved Courses to Drop

| Course MDR # | Course Name | # wks | Block | Start Date | End Date | Program Director/Coordinator Signature to approve request |
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Comments:

**INSTRUCTIONS**

Check Senior Elective Manual for courses that require program coordinator signature. **INCOMPLETE** forms without **ALL REQUIRED** signatures **WILL NOT** be processed.

**DEADLINE: NO r**equests will be processed submitted within **two weeks** prior to the start of the rotation.

Changes to Core Clerkships require Dean Mendez's approval.

**ANY REQUEST WITH A STUDENT HOLD WILL NOT BE PROCESSED UNTIL HOLD IS RESOLVED.**

| **International Travel:** ☐ **YES** ☐ **NO** | **Dates:** |
|---|---|
| Completed International Packed turned in: ☐ YES ☐ NO | Location: |
| **OFFICE OF STUDENT AFFAIRS USE ONLY** | |
| Processed By: | E-Value Canelink |
| Date Processed: | Unable to process (Reason)/ Number of Electives: |
| Effective Date: | |

I understand that is my responsibility to adhere to the graduation requirements of University of Miami Miller School of Medicine and that I will be held responsible for any non-compliant status. I attest that I have counted my credits and am in compliance. **Student Signature:** _____

Rev. 01/08/2015