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

Email Address	Phone number

Approved Courses to Add

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

Approved Courses to Drop

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

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 requests 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:** _____