CLERKSHIP CHANGE FORM

STUDENT NAME

CLASS YEAR

STUDENT IDENTIFICATION NUMBER

SIGNATURE

STUDENT CAMPUS DESIGNATION:  □ Syracuse  □ Binghamton

INSTRUCTIONS: This Clerkship Change form must be completed if a student desires to take a clerkship during any time other than what is scheduled in that student’s track. The Academic Review Board must approve postponement of a clerkship to the MSIV year.

NOTE: A clerkship must be rescheduled, not dropped.

A. PROPOSED CHANGE:

Clerkship Course Code: ____________________________

Current Period and dates: ________________________  CRN: ________________________

Desired Period and dates: ________________________  CRN: ________________________

B. BRIEFLY STATE REASON FOR REQUEST:

________________________________________________________________________

________________________________________________________________________

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REQUEST PROCESSED:  □ Yes  □ No  If NO, Reason: ____________________________

Signature: ____________________________  Date: ____________________________