

## CLERKSHIP CHANGE FORM

STUDENT NAME	DATE
CLASS YEAR	SIGNATURE
STUDENT IDENTIFICATION NUMBER	Student Campus Designation: <input type="checkbox"/> Syracuse <input type="checkbox"/> 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUEST PROCESSED:**  Yes  No If NO, Reason: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>	
Received By: _____	Bursar Paid Stamp
Date: _____	