

COURSE ADD/DROP FORM: Year 4

(Please fill out completely – incomplete forms will not be accepted.)

Do not approach clinical sites in order to make schedule changes. All requests must be submitted through the Division of Clinical Education. **Requests for changes within 5 weeks of the start of a posted 4-week Block start date will require emergency approval using the following procedure:**

- Fax/Scan a signed form to the Division of Clinical Education (clinicaleducation@drexel.edu) and include the reason for your emergency request.
- The latest a request will be accepted for review is five (5) working days prior to the start of the rotation (i.e. 8am on Monday for a Monday rotation)
- The Division of Clinical Education will coordinate review with a Student Affairs Dean, who will give final approval for all emergency schedule changes.

(Revised 05/11/2018)

DATE:	E-MAIL:
NAME:	PHONE #:
SIGNATURE:	PAGER #:
	CURRENT PATHWAY:

COURSE(S) TO BE DROPPED (below)

START DATE	END DATE	COURSE TITLE	COURSE NUMBER	LOCATION

COURSE(S) TO BE ADDED (below)

START DATE	END DATE	COURSE TITLE	COURSE NUMBER	LOCATION

SPECIAL REQUESTS/BY ARRANGEMENT: (i.e., extra student, 2 weeks instead of 4 weeks, dates you are accepted, etc) *Please write out specific request(s):*

REQUEST FOR EMERGENCY SCHEDULE CHANGE within 5 weeks of start of rotation *(use back of form for justification if necessary):*

<i>For office use only – please do not complete below -</i>		
Course Director Approval (required for special requests)		
Approved <input type="checkbox"/>	Signature: _____	Date: ___/___/___
Pathway Required Course (#3 in Pathway grid) requires Pathway Director Approval for <i>any change, including date</i>		
Approved <input type="checkbox"/>	Signature: _____	Date: ___/___/___
Emergency Request Approved: <input type="checkbox"/>	Student Affairs Dean Printed Name / Signature	Date: ___/___/___
Emergency Request Denied: <input type="checkbox"/>		