

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:**

- Scan a signed pdf 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 the Associate Dean for Clinical Education who will give final approval for all emergency schedule changes.

(Revised 02/16/2023)

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

COURSE(S) TO BE DROPPED (below)

| START DATE | END DATE | COURSE TITLE | COURSE NUMBER | LOCATION |
|------------|----------|--------------|---------------|----------|
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COURSE(S) TO BE ADDED (below)

| START DATE | END DATE | COURSE TITLE | COURSE NUMBER | LOCATION |
|------------|----------|--------------|---------------|----------|
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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):*

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| <i>For office use only – please do not complete below -</i> | |
| Course Director Approval (required for special requests) | |
| Approved <input type="checkbox"/> | Signature: _____ Date: |
| Not Approved <input type="checkbox"/> | |
| Emergency Request Approved: <input type="checkbox"/> | Associate Dean for Clinical Education Printed Name / Signature Date: |
| Emergency Request Denied: <input type="checkbox"/> | |

Completed, scanned pdf of form should be returned to Division of Clinical Education, clinicaleducation@drexel.edu
 NO FAXES are being accepted at this time . Tele: 215-991-8360