

## 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](mailto: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)*

<b>DATE:</b>	<b>E-MAIL:</b>
<b>NAME:</b>	<b>PHONE #:</b>
<b>SIGNATURE:</b>	<b>CURRENT PATHWAY:</b>

### 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>	
<b>Course Director Approval (required for special requests)</b>	
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](mailto:clinicaleducation@drexel.edu)**  
**NO FAXES** are being accepted at this time . Tele: 215-991-8360