Return original to: Johns Hopkins University School of Medicine Office of the Registrar, 733 N. Broadway St. Suite 147 Baltimore, MD 21205-2196 or 410-955-0826 (fax) Questions? Contact Dawn Timmons 410-614-4886 or timmons@jhmi.edu

THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
Electives and Basic Clerkships Drop Form

Schedule change requests made after the stated deadline for dropping a course require the approval of the Course Director and the Associate Dean for Student Affairs.

NAME:			YEAR OF GRADUATION:		
QUARTER: (Circle One)	1 2 3 4 Summer If not an exact quarter, list specific dates here: _____	Qtr.1-4 Half: (Please Check)	___ 1st Half ___ 2nd Half	Summer Period: (Please Check)	__ 1st __ 2nd ___3rd
ACADEMIC YEAR : (Circle One)	09-10 10-11 Other (list) ___-___				
NAME OF COURSE:					
ARE YOU SUBMITTING THIS FORM LESS THAN ONE MONTH PRIOR TO THE START DATE OF THE COURSE (TWO MONTHS FOR SUBINTERNSHIPS)? _____ YES _____NO					
PLEASE INDICATE REASON FOR DROPPING COURSE AFTER DEADLINE: (Required if submitting this form after the deadline, see below for deadlines) _____ _____ _____					

_____
Signature of Student / Date

_____
Approved: Course Director / Date
Required

_____
Approved: Associate Dean for Student Affairs / Date
Required if submitted after the deadline

Deadlines
Basic Clerkship deadline: one month
Elective: one month
Subinternships and select Advanced Clinical Clerkships: two months
Please refer to the Medical Student Electives Book for the appropriate drop deadline for your elective

Return original to: Registrar's Office
Broadway Research Building
733 North Broadway, Suite 147
Baltimore, MD 21205
Fax – (410)955-0826

DISTRIBUTION: IT IS THE STUDENT'S RESPONSIBILITY TO SUBMIT THE ORIGINAL OF THIS FORM TO THE REGISTRAR'S OFFICE AND TO PROVIDE THE PRECEPTOR WITH A COPY.

Last Revised: 05/10/10 dt-c:\data\forms\drop\drop form for the web final.doc