

Return to: Office of the Registrar, 733 N. Broadway, Suite 147, Baltimore, MD 21205 or (fax) 410-955-0826
 Questions? Contact Dawn Timmons 410-614-4886 or ttimmon1@jhmi.edu

**The Johns Hopkins University School of Medicine
 Basic Clerkship Schedule Change Form**

WAIT LIST ONLY

Please use a separate form for each wait list request. The deadline to request a change in the scheduling of basic clerkships is one month prior to the beginning of the course. If the request to drop is past the one month deadline, the student must complete the "Request to Drop Course after the Deadline" form.

Name: _____

Year of Graduation: _____

Basic Clerkship (student will be contacted when space is available)	ADD TO WAITLIST	Quarter/half	Acad. Year
Medicine			
Surgery			
OB/GYN			
Peds/Neo			
Psy/Neuro/Opth			
Emergency Medicine (which half ?)			
Amb. Med.			
Current Basic Clerkship Assignment (drop if/when add is possible)			
Medicine			
Surgery			
OB/GYN			
Peds/Neo			
Psy/Neuro/Opth			
Emergency Medicine (which half ?)			
Amb. Med.			

If there are extenuating circumstances for your request, please note below:

Student's Signature: _____

Date: _____

Phone number/Beeper: _____

Office Use Only:

- ___ Schedule Book
- ___ Master Book
- ___ Dept. Letter
- ___ Elect. List

Registrar's Office/Date: _____

FOR WAIT LIST: Date called to offer: _____ Respond by: _____ Results: _____