

ELECTIVE AND CORE CLERKSHIP 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 Medical Student Affairs.

LAST NAME: _____ FIRST NAME: _____ GRADUATION YEAR: _____

ACADEMIC PERIOD: 2020-21 _____ 2021-22 _____ OTHER _____

COURSE INFORMATION:

Select One: First ____ Second ____ Third ____ Fourth ____ Fifth ____ Sixth ____ Seventh ____ Eighth ____ Ninth ____

Select One: Full Quarter ____ First Half ____ Second Half ____

Specific Dates (if different from JHUSOM calendar): From: _____ To: _____

Name of Course: _____

Are you submitting this form less than one month prior to the start of the course start date (two months for Subinternships)? Yes
____ No ____

Indicate reason for dropping course after deadline (REQUIRED if submitting form after the deadline; see below):

Signature of Student

Date

Approved: Signature of Course Director
(REQUIRED)

Date

Approved: Signature of Medical Student Affairs Dean
(REQUIRED if submitted after the deadline)

Date

DEADLINES

- Core Clerkship/Elective deadline: 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 form to: Johns Hopkins University School of Medicine Office of the Registrar, 733 N. Broadway, Suite 147 Baltimore, MD 21205
or 410- 955-0826 (fax) or medstdsk@jhmi.edu Questions? Contact Erin Sturgis 410-614-4886 or medstdsk@jhmi.edu

DISTRIBUTION:

It is the student's responsibility to submit this form to the registrar's office and to provide the preceptor with a copy.

Last Revised: 09/04/2019