

## ELECTIVE REGISTRATION FORM (Independent Study – Step 1)

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

GRADUATION YEAR: \_\_\_\_\_

 ACADEMIC PERIOD: 2020-21 (B7 or Summer)  2021-2022 (Q1)  Other 

Sessions	Dates	Place an "X" during the time frame(s) for Independent Study
Block 7 1st half	(3/29/21-4/21/21)	<input type="checkbox"/>
Block 7 2nd half	(4/22/20-5/14/21)	<input type="checkbox"/>
Block 8 1st half	(5/17/21-6/04/21)	<input type="checkbox"/>
Block 8 2nd half	(6/08/21-6/25/20)	<input type="checkbox"/>
Block 9 1st half	(6/28/21-7/16/21)	<input type="checkbox"/>
Block 9 2nd half	(07/19/21-8/6/21)	<input type="checkbox"/>
AY20-21 (indicate specific start and end dates in MM/DD/YY format)		<input type="checkbox"/>
Other (indicate specific start and end dates in MM/DD/YY format)		<input type="checkbox"/>

REQUIRED SIGNATURE: \_\_\_\_\_

Student's Signature

*Return form 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 Erin Sturgis at 410-614-4886 or medstdsk@jhmi.edu*

Office Use Only:  
 Course Number: ME:800.699 \_\_\_\_\_  
 Date course entered/Access: \_\_\_\_\_  
 Date Occurrence entered/Access: \_\_\_\_\_  
 Date student reg. entered: \_\_\_\_\_  
 Date Proofed: \_\_\_\_\_