

**The University of Toledo - College of Medicine  
Request for Modification of Required Clerkship Schedule**



Name: \_\_\_\_\_ Class year: \_\_\_\_\_

Rocket ID: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_

Originally-scheduled clerkship: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Clerkship change and dates requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Good academic standing?  Yes  No, explain: \_\_\_\_\_

\_\_\_\_\_

1. I understand I will be subject to the grading policies in the year I take any postponed clerkship.
2. I understand that re-scheduling any postponed clerkship is done on a randomized basis because there are limited slots for 4<sup>th</sup>-year students in 3<sup>rd</sup>-year clerkships. As a result, I may be scheduled any time between July and March of the next academic year and I may need to take Step 2 before completing all of my required clerkships.
3. I understand that many 4<sup>th</sup>-year clerkships both at The University of Toledo and our affiliates, as well as at other medical schools across the U.S., have successful completion of ALL 3<sup>rd</sup>-year clerkships as a prerequisite; as a result, I will not be able to schedule those clerkships (e.g., GIM, Heart Station, General/Trauma Surgery, Plastic Surgery, Urology, etc.).
4. I understand that some residency programs may require successful completion of all clerkships before granting an interview and/or ranking applicants.
5. I understand that postponing a required clerkship to the 4<sup>th</sup> year will affect the total number of points toward my AOA ranking.
6. I understand that I will be enrolled in the course USMLE preparation if I postpone the start of the third year. This time will be subtracted from the 8 weeks of flexible time allotted to the 4<sup>th</sup> year, and I will still be responsible for tuition and fees during this period.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date

**Additional comments:** \_\_\_\_\_

\_\_\_\_\_