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 4th-year students in 3rd-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 4th-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 3rd-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 4th 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 4th year, and I will still be responsible for tuition and fees during this period.

________________________________    ___________________________  
Student Signature       Date

________________________________    ___________________________  
Approved By       Date

Additional comments: _________________________________________________________________

_____________________________________________________________________________________

Request for Clerkship Modification Rev. 27 June 2009