

THE UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE & LIFE SCIENCES 30-DAY COURSE CHANGE REQUEST FORM

Students are required to have their schedules set 30 days prior to the start of a course. A schedule change within those 30 days, due to an emergent issue, requires signatures by the Associate Dean of Medical Education and the Clerkship Coordinators from the course departments.

Name:			_ Class Year:	
Telephone #:				Rocket ID #: <u>R</u>
UT Email Address:				_
Term (circle one):	SPRING	SUMMER	FALL	Current School Year:
Reason/Explanation f	for requested cha	inges:		

Check this box if this change was initiated by STUDENT AFFAIRS:
* Check this box if this change was initiated by a CLERKSHIP COORDINATOR: *

*If Student Affairs or a Clerkship Coordinator initiates this form, the Associate Dean of Medical Education does NOT need to sign the form.

APPROVE: 🗆	Coral Matus, M.D.	Signature:
DENY:	Associate Dean of Medical Education	

ACTION A = Add Course D = Drop Course	COURSE ID (ex: MEDI715, PEDS723)	CRN #	START DATE	END DATE	APPROVE or DENY	DEPARTMENT COORDINATOR'S SIGNATURE
					APPROVE: DENY:	
					APPROVE: DENY:	
					APPROVE: DENY:	
					APPROVE: DENY:	

If the student listed above initiates this form, the student understands that:

- Schedule change requests should occur no less than 30 days prior to the start of a course.
- All approval signatures must be included on this form.
- Schedule changes may result in financial implications.
- A late change may reflect poorly on the student's planning abilities and may result in a Professional Behavior Report.

Student Signature

Date