

Geisel School of Medicine at Dartmouth Clerkship Change Request Form

Student Name: _____ **Date:** _____
(Please print)

- Instructions:**
- 1.) Meet with Office of Clinical Education to formulate a valid schedule.
 - 2.) Complete Clerkship Change Form - 1 form per clerkship
 - 3.) Sign form
 - 3.) Obtain approval from Clerkship
 - 4.) Submit form to Clinical Education for approval and processing

Clerkship: Use an X or ✓ to indicate the clerkship

Family Medicine		Advanced Ambulatory Med.	
Medicine		Neurology	
OB/GYN		Pediatrics	
Psychiatry		Surgery	

Clerkship to Drop. The location(s), Block number and dates are required. Calendars are available on the Geisel Registrar's web page at: <http://geiselmed.dartmouth.edu/admin/registrar/>

Block Number (e.g. 4.1, 6.1, 8.1)	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Scheduled Location/Site (provide location names as listed on the OASIS course roster)

Clerkship to Add: location(s), block number and dates are required.

Block Number (e.g. 4.1, 6.1, 8.1)	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Scheduled Location/Site (provide location names as listed on the OASIS course roster)

Per decision of Associate Dean, no student or clerkship signature needed.

Student Signature [email acceptable] _____ **Date** _____

Required Approvals

Clerkship _____ **Date** _____
Signature of Director or Coordinator

Clinical Education _____ **Date** _____
Signature of Associate Dean or Director

For Clinical Education Use housing verified.

For Registrar Use	Date Received	OASIS Updated
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