Charles R. Drew University of Medicine and Science | Office of Registration & Records
1731 East 120th Street, Los Angeles, CA 90059 | Phone: (323) 563.4858 | Fax: (323) 563.4837

Clerkship Add/Drop Form | Medical Education Program

- Before submitting this form to the Registrar's Office, students must consult with the Learning Skills team within the Office of Student Affairs and Admissions in the College of Medicine.
- The Senior Director, or an authorized designee, must review and sign the form.
- The Registrar's Office will process all approved registration changes.

Student ID: _____ **MD Academic Year: MS**_____

Student First Name: _____ **Student Last Name**: _____

Semester : ☐ Summer ☐ Fall ☐ Spring **Year**: 20_____

Clerkship/Course to DROP					
Course No.	Section	Clerkship Name	Start Date	End Date	Last Date Attended*
MED					
MED					
MED					

\If.never.started?mark.N~~A~~

Clerkship/Course to ADD					
Course No.	Section	Clerkship Name	No. of Weeks	Start Date	End Date
MED					
MED					
MED					

.....\If.section.number.is.unknown.or.course.needs.to.be.created?leave.blank¡

Signatures

_____ _____
Student Signature **Date**

_____ _____
Senior Director of Learning Skills Signature **Date**
(Or Authorized Designee

_____ _____
Associate Registrar, COM **Date**

Completed grade change forms should be uploaded to the MD Document Submissions Portal for processing.