Registrar's Office

SCHOOL OF

MEDICINE

On-Campus Elective Enrollment Form

Students: Please complete entire form, including attaining the IOR or course coordinator signature, and submit to the Registrar's Office.

ALL FOURTH-YEAR e-Flight electives must be ADDED or DROPPED fourteen (14) days prior to the start of the rotation.

Enrollment for electives in the first two years must be completed by the end of the second week of the quarter and the **DROP** must be completed by the fifth week of the quarter.

PLEASE PRINT

UCDAVIS

HEALTH

Student Name		UCD IE	UCD ID Number		Date			
l wish to add the	e following e	elective for the	time indicated:					
CRN	Course Title			Course	e #	Section #	# Units	
Indicate	e the quarte	r and year of e	lective	Duration of ele	ctive:			
Summer	Fall	Winter	Spring	From:				
				То:				
Student Signatu	re					Date		
			proval to take this e arter in which this co	lective course for credit. urse is taken.	A writt	en evaluation an	d grade will be subn	nitted

UCD Department IOR	, Course Coordinato	or or Assoc. Dean Signature
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Print Name of Signer

Office Use Only

Date Keyed: _

By: _

Needs units for Financial Aid? \Box Y \Box N

Date