



- Students: Please complete entire form, including getting the IOR or course coordinator signature, and turn into 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.

Student Name (please print) _____

UCD ID Number _____

Date _____

I wish to add the following elective for the time indicated:

CRN # _____

Course Title _____

Course # _____

Section # _____

Units _____

Indicate the quarter and year of elective

Summer	Fall	Winter	Spring
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Duration of elective:

From: _____

To: _____

Student Signature _____

Class of: _____

The medical student named above has approval to take this elective course for credit. A written evaluation and grade will be submitted within two weeks of completion of the quarter in which this course is taken.

UCD Department IOR, Course Coordinator or Assoc. Dean Signature _____

Date _____

Print Name of Signor _____

Office Use Only

Needs Units for Financial Aid **1**

Keyed by _____

Date _____