



Office of the Registrar
College of Medicine Elective Registration Form

This form is to be used for medical students taking electives that should be added to the transcript.

Student
Name: _____

Title of
Elective: _____ CourseNo. _____

Department: _____

Signature of
Student: _____ Date: _____

Note: Should you wish to drop this course, it is imperative that you contact the Office of the Registrar to receive course drop instructions prior to the Census Date of the current semester.

Signature of
Instructor: _____ Date: _____

<p>For Office Use Only Posted: _____ Initials: _____ Date: _____</p>
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With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.