

**STONY BROOK** School of  
STATE UNIVERSITY OF NEW YORK **Medicine**  
**Drop/Add Form**

Use this form for electives & late changes. For other courses, for changes made 30 days or more before a start date, use Cbase2.  
 Give this **completed** form to Bonnie at:  
 Office of Medical Education  
 SOM, Zip=8432.  
**Note:** The Add/Drop is not official until this office receives the signed form. Official drop/add deadline is 4 weeks prior to the start of the rotations affected. **You can also fax the form to 631-444-9521.**

Date  
 rec'd in  
 OME:

**Student's Name** (Please Print) \_\_\_\_\_  3rd Year  4th Year

E-mail address: \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_ - \_\_\_\_\_

**Request to Drop:**

Circle one: \* 3<sup>rd</sup> year elective \* 4th year Elective Other \_\_\_\_\_

Name of Course \_\_\_\_\_

Site \_\_\_\_\_ Start Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

End Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Request to Add:**

Circle one: \* 3<sup>rd</sup> year elective \* 4th year Elective Other \_\_\_\_\_

Name of Course \_\_\_\_\_

Site \_\_\_\_\_ Start Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

End Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Reason for Request:**

Date \_\_\_\_\_

*Student's signature* \_\_\_\_\_

1. Advisor approves \_\_\_\_\_
2. Course Director releases student (approves drop) \_\_\_\_\_
3. Educational Coordinator or his/her designee approves \_\_\_\_\_
4. Course Director accepts student (approves add) \_\_\_\_\_