

DARTMOUTH MEDICAL SCHOOL  
OFFICE OF THE REGISTRAR - HB 7090  
1 Medical Center Drive, Lebanon, NH 03756

**STATUS or PROGRAM CHANGE FORM**

This form must be completed whenever your course of study is changed or delayed and this change or delay effects your Year of Study, Type of Degree Program or intended Date of Graduation. Please read the important information on the reverse side of this form regarding elective policy and 3<sup>rd</sup> and 4<sup>th</sup> year split schedules. Remember that it is your responsibility to contact other offices needing to know about these changes. (Student Affairs, Fiscal Office, Financial Aid, Dick's House and notification to Mail Services of any address change)

1. Please complete the form, sign and date.
2. Attach a written statement explaining the reason for the change and a schedule outlining your planned course of study.
3. Bring the form, written explanation and schedule plan to an Advising Dean for review and approval.
4. Obtain final approval from the Assoc. Dean of Medical Education or, if this change has been mandated by the CSP, the Chairperson of the CSP.
5. Submit the form to the Office of the Registrar, DHMC, Rubin 4 for final processing.

NAME \_\_\_\_\_ DMS YEAR \_\_\_\_\_ / \_\_\_\_\_  
Please print YOG Level

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**CURRENT PROGRAM:**     MD     BROWN     MD/PHD     MD/MBA  
 RESEARCH SCHOLAR    My **NEW program of study** is \_\_\_\_\_  
 THERE IS NO CHANGE TO MY PROGRAM AT THIS TIME

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**I REQUEST THAT MY DMS STATUS BE CHANGED AS FOLLOWS:**

Leave of Absence     Medical Leave of Absence     Withdrawal from DMS  
 Brown Transfer     Other transfer to \_\_\_\_\_  
 Split Year *Please circle year to be split*    **1 2 3 4** New Year of Graduation \_\_\_\_\_

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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Advising Dean Signature

Date

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Dean for Medical Education Signature or  
Chairperson of CSP (*when change is related to a CSP decision*)

Date

*Form revised 1/2001*