

**DARTMOUTH MEDICAL SCHOOL
ELECTIVE AND SUBINTERNSHIP CHANGE FORM**

This form is to be used to change an already approved elective/subi or one submitted to the Registrar but not yet approved. **If you wish to ADD another elective/subi to your schedule you must complete an ELECTIVE and SUBINTERNSHIP APPLICATION FORM to begin the approval process.**

Name (please print)

Date

This elective/subi is [] already approved [] currently in the approval process

TO DROP AN ELECTIVE or SUBI: Please enter the information requested and obtain the signature of the Faculty Sponsor.

Course Number

Course Title

Dates _____ to _____

Signature of Faculty Sponsor _____

TO CHANGE DATES OF AN ELECTIVE or SUBI: Please enter the information requested and obtain the signature of the Faculty Sponsor.

Course Number

Course Title

Original Dates _____ to _____

Revised Dates _____ to _____

Signature of Faculty Sponsor _____

All changes to a schedule must be submitted prior to beginning the elective or subinternship.

Please return the completed for to the Office of the Registrar, DHMC, Rubin 4 or HB 7090