



MOUNT SINAI
SCHOOL OF
MEDICINE

Office of the Registrar
One Gustave L. Levy Place
Annenberg Building-Room 5-16, Box 1257
New York, NY 10029-6574
Phone 212.241.6691
Facsimile 212.369.6013
E-mail: registrar@mssm.edu

Clinical Elective Registration/Change Form

Student Name: _____ Life Number _____

Add Elective:

<i>Action:</i>	<i>Elective Information</i>
<input type="checkbox"/> Add	<hr/> Elective Code(4 Digit) Elective Name <hr/> Start Date : ____ / ____ / ____ to End Date: ____ / ____ / ____

Approval:

Instructor Name(print): _____ Instructor Signature: _____

Complete below if Changing Registration:

<i>Change of (Please check)</i>	<i>Elective Information</i>
<input type="checkbox"/> Dates <input type="checkbox"/> Drop	<hr/> Elective Code(4 Digit) Elective Name <hr/> Originally Scheduled Start Date : ____ / ____ / ____ to End Date: ____ / ____ / ____ New Schedule Start Date : ____ / ____ / ____ to End Date: ____ / ____ / ____ <input type="checkbox"/> Drop

Approval:

Instructor Name(print): _____ Instructor Signature: _____

Student Signature: _____ Date: _____