



**INDIANA UNIVERSITY**  
SCHOOL OF MEDICINE

Medical Student Affairs  
John D. Van Nuys Medical Science Bldg- 160  
635 Barnhill Drive  
Indianapolis, IN 46202-5120

\_\_\_\_\_  
Last name, First, Middle Initial  
\_\_\_\_\_  
Date

**Elective Change Request Form**  
(for use by MS IV students only)

**Instructions:**

1. One complete "ELECTIVE CHANGE REQUEST" form is required for each calendar month being changed.
2. The student should discuss all changes with his/her assigned faculty advisor and obtain the advisor's approval before any other signatures are obtained.
3. Approval to change an elective must be obtained from the course director (Director of Medical Education if applicable) of elective added and dropped. (Most electives offered by clinics and hospitals outside the IU School of Medicine campus must be approved by the Office of Medical Education located in the hospital offering the elective. Refer to the schedule change policy section in the Elective Program Book for information.)

This form should be completed and returned to the Dean's Office for Medical Student Affairs, Student Records Section, Medical Science Bldg, Rm 160, **no later than one month before the starting date of the elective.**

Final approval of this request will be made by the Dean's Office for Medical Student Affairs after approval of those indicated below and completion of all necessary requirements.

**PLEASE PRINT**

Reason for change \_\_\_\_\_

Month of Change \_\_\_\_\_

Add elective # \_\_\_\_\_

Drop elective # \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature (Course Director) Date

\_\_\_\_\_  
Authorized Signature (Course Director) Date

\_\_\_\_\_  
Faculty Advisor Date

\_\_\_\_\_  
Dean's Office Date

**Distribution:**

- White- Student File
- Canary- Advisor
- Green- Student
- Yellow - Course Director, Elective Added
- Blue - Course Director, Elective Dropped