

UNIVERSITY OF NEVADA SCHOOL OF MEDICINE

REQUEST TO CHANGE ELECTIVE ASSIGNMENT
(For all elective additions, drops and changes)

Please complete the entire form, making sure you accurately fill in all of the following: course title, course number and beginning and ending dates. Procure the necessary authorized signatures.

For those requesting an out-of-state elective, it is mandatory that you submit a copy of the acceptance letter as soon as it is received from the participating medical school.

Name of Student Date

Permanent Mailing Address e-mail address

City, State Zip Code () Telephone Number

Requesting Transfer
FROM: _____
Elective Title Course No. Beg. and End Dates # of Weeks

TO: _____
Elective Title Course No. Beg. and End Dates # of Weeks

INSTRUCTOR _____

Reason for Request: _____

Student Signature: _____

APPROVALS: _____

Signature of Department Coordinator or Assistant **FROM** which transfer is desired.* Date

Signature of Department Coordinator or Assistant **TO** which transfer is desired.* Date

Signature of Associate Dean for Educational Affairs, Office of Medical Education Date

* All coordinator/assistant signatures must be obtained before submission to the Office of Medical Education for final approval.

Please contact the Office of Medical Education at (775) 682-7729 if you have questions.