



Feinberg School of Medicine

Junior Clerkship Schedule Change Request

Please return to:

Medical School Registrar
 Augusta Webster Office of Medical Education, Ward Building 1-003
 303 E. Chicago Avenue, Chicago, IL 60611, Fax: (312) 503-0715
 reiffman@northwestern.edu

Name

Date

Email

| CHOOSE ACTION | | | | | |
|---------------------------------------------------------------|-----------|-----------|---------|----------|----------|
| <input type="checkbox"/> Add <input type="checkbox"/> Drop | Clerkship | Quarter | Dates | Hospital | |
| | | | | | |
| <input type="checkbox"/> Change Time | Old Time | Clerkship | Quarter | Dates | Hospital |
| | New Time | | | | |

Registrar's Approval Signature

Department's Approval Signature

Confirmation to Student

Only when you have received confirmation from the Registrar may you consider the change completed. Save that copy for your records.