

# College of Medicine and Life Sciences MD Program PRECLINICAL ELECTIVE REQUEST FORM



Rev 2020Sep21

**Office of the Registrar**

Main Campus  
Rocket Hall, Room 1800  
Mail Stop 322  
Toledo, OH 43606  
Phone: 419.530.4845  
Fax: 419.530.4828  
HSCRegistrar@utoledo.edu

Year				Term	

10 = Spring  
30 = Summer  
40 = Fall

Please indicate which year in the program you are enrolled:

- Year 1 Medical Student  
 Year 2 Medical Student

Rocket ID: R \_\_\_\_\_ Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last Name, First MI

Student Email: \_\_\_\_\_@rockets.utoledo.edu

## Student Instructions

Use this form to make registration changes after the online registration period has ended for the semester. Adding a pre-clinical elective after the add/drop period ends requires the instructor's signature as well. All registrations must be submitted before the pre-clinical elective is complete.

Further information on preclinical electives in the College of Medicine and Life Sciences MD Program can be found at:

[http://www.utoledo.edu/med/md/curriculum/preclinical/Preclinical\\_Electives.html](http://www.utoledo.edu/med/md/curriculum/preclinical/Preclinical_Electives.html)

## Requested Preclinical Elective

Subject Code	Course Number	Course Title
Example: SOMN	709	Community Health Issues

All the requirements have been completed for the above elective, and I am requesting that this preclinical elective be recorded on my academic record.

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_

## Director/Coordinator Authorization

With your signature below, you are authorizing this student to be registered for the above elective. After signing this form, please return to the student who will forward to the HSC Registrar's Office for processing.

\_\_\_\_\_  
Director/Coordinator Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Department

Please return completed form to the:  
Health Science Campus Office of the Registrar  
HSCRegistrar@utoledo.edu