

Dear M3 & M4 Students,

Below are the procedures for requesting modifications to your College of Medicine clinical schedule. To ensure timely evaluation distribution, compliance requirements and internal hospital scheduling, all requests must be submitted for approval **4 weeks prior to the start date.**

Requests and approvals may be submitted **via email**; you must forward email communication, including your request to the department and the department approval, directly to the Student Affairs/Registrar Med Scheduling email account, MEDSCHED@listserv.uic.edu.

A request must include the following:

- Name, UIN, phone, graduation date, email
- Scheduling action, Elective title, clinical site, Start/End dates, credit hours
- Supervising Physician's signature, mailing information & email address
- All required accompanying documentation

Catalog Elective Requests - web site:

<http://chicago.medicine.uic.edu/cms/One.aspx?portalId=506244&pageId=30968426>

Students must contact the department via one of the following: email, phone or in person, to verify availability.

Add Request (must be approved 4 weeks prior to the start date of the added rotation)

- Students will contact the department directly for approval and availability.

Drop Request (must be approved 4 weeks prior to the start date of the dropped rotation)

- Students will contact the department directly for approval and confirmation.

Change of Rotation Dates (must be approved 4 weeks prior to the earliest start date)

- Student will contact the department directly for approval and availability.

The information below must be included in every request:

Rotation Name
Rotation Program #
Start / End Dates
Total weeks Credit
Hospital Site

Self Designed, International and Research Requests:

NOTE: Self Designed, International and Research Electives **require a form to be submitted.** Please be sure to follow the instructions outlined on each specific M4 scheduling form, which can be found at http://chicago.medicine.uic.edu/education/student_services_support/registrar/scheduling_and_calendar.

Required Pathway Elective* and Medicine Sub I Requests

Add, Drop or Change requests, must be approved and submitted 4 weeks prior to the start date, will be processed by the Office of the Registrar. Submit these requests to the Student Affairs/Registrar Med Scheduling email account, MEDSCHED@listserv.uic.edu

To check availability of these experiences, log on to the College of Medicine On-line Score and Grade Summary Application, <http://services.com.uic.edu/studentgrades>, click on "M4 Post-Lottery-Load Slot Availability" report button. Click on the clinical experience and scroll through the list of Hospital Sites and start dates.

You must include the following or your request will not be processed. You may include multiple options, in the event we are unable to process your request.

- Required Pathway Elective/Medicine Sub-I currently scheduled for
- Required Pathway Elective /Medicine Sub-I you would like to switch to
- Hospital Name
- Start Date

Failure to meet the approved submission deadline will result in an inability to process your request.

If you have any questions regarding this information, please contact a member of the [Chicago COM Registrar Staff](#).

Thank you
Chicago COM Registrar's Office

*Anesthesiology, Dermatology, Emergency Medicine, Ophthalmology, Orthopaedics, Otolaryngology, Radiology, Radiology/Surgery/Anatomy and Urology