

THE UNIVERSITY OF ILLINOIS AT CHICAGO
COLLEGE OF MEDICINE

M-3 Core Clerkship Student-to-Student Site Switch Request Form

The deadline to submit this form is 4 weeks before the clerkship start date.

This form must be signed by both students involved in the site switch. Only one form is required. Both students must complete the information below, print and sign the form, and submit to:

Registrar's Office, room 120 CMW, fax: (312) 996-8922, email: M3CLERKSCHED@listserv.uic.edu.

*The site switch will be considered FINAL when both students receive confirmation of the switch via an email.

I would like to switch a Clerkship site with the student listed below:

STUDENT #1 (print name) _____ Signature _____

Email address _____ Phone _____

CLERKSHIP NAME: _____

SITE CURRENTLY ASSIGNED: _____

SITE SWITCHING TO: _____

CLERKSHIP START DATE: _____

Site switch request must be made at least four (4) weeks prior to the clerkship start date

DATE OF THIS REQUEST: _____

I would like to switch a Clerkship site with the student listed above:

STUDENT #2 (print name) _____ Signature _____

Email address _____ Phone _____

CLERKSHIP NAME: _____

SITE CURRENTLY ASSIGNED: _____

SITE SWITCHING TO: _____

CLERKSHIP START DATE: _____

Site switch request must be made at least four (4) weeks prior to the clerkship start date

DATE OF THIS REQUEST _____