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 _______________________________________

Updated 5/3/2014