On-Campus Elective Form

University of California, Davis
School of Medicine, Registrar’s Office

4610 X Street, Suite 1208, Sacramento CA 95817-2200 / Phone: (916) 734-4990 / Fax: (916) 734-2178

- Students: Please complete entire form, including getting the IOR or course coordinator signature, and turn into the Registrar’s Office.
- **ALL FOURTH-YEAR** e-Flight electives must be **ADDED** or **DROPPED** fourteen (14) days prior to the start of the rotation.
- Enrollment for electives in the first two years must be completed by the end of the second week of the quarter and the **DROP** must be completed by the fifth week of the quarter.

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Student Name (please print)  UCD ID Number  Date

I wish to add the following elective for the time indicated:

<table>
<thead>
<tr>
<th>CRN #</th>
<th>Course Title</th>
<th>Course #</th>
<th>Section #</th>
<th># Units</th>
</tr>
</thead>
</table>

Indicate the quarter and year of elective

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer</td>
<td></td>
</tr>
<tr>
<td>Fall</td>
<td></td>
</tr>
<tr>
<td>Winter</td>
<td></td>
</tr>
<tr>
<td>Spring</td>
<td></td>
</tr>
</tbody>
</table>

Duration of elective:

From: ____________________________

To: ____________________________

Class of: _______________________

Student Signature

The medical student named above has approval to take this elective course for credit. A written evaluation and grade will be submitted within two weeks of completion of the quarter in which this course is taken.

UCD Department IOR, Course Coordinator or Assoc. Dean Signature  Date

Print Name of Signor

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**Office Use Only**

Needs Units for Financial Aid □

Keyed by________________________________________________________                              Date ________________________________

7/11/12