

**CLERKSHIP DROP FORM**

To: Marianne Olson, Administrative Program Coordinator  
Clinical Education, MC-1925  
UConn School of Medicine  
Phone (860) 679-2246, Fax (860) 679-1394

From: \_\_\_\_\_  
(Elective Clerkship Director)

I have approved the withdrawal of \_\_\_\_\_  
(Students Name)

from my elective entitled \_\_\_\_\_ at  
\_\_\_\_\_ Hospital Clerkship No. \_\_\_\_\_

during the month of \_\_\_\_\_.

I understand that approval \*\*\* does not have to be given with less than 1 MONTH notification of change of plans.

\_\_\_\_\_  
Name of Clerkship Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*More than one month if that has been indicated in the clerkship description.\*\*\*

**\*Students will NOT be allowed to drop with less than one months notice, UNLESS it is an emergency situation and approved by Dr. B. Koeppen \***

**Students MUST send a copy to MEDICAL EDUCATION at HARTFORD HOSPITAL (if you are rotating there). If this is a Medicine elective at Hartford Hospital, you MUST also send a copy to Carol in the Department of Medicine**