

COLUMBIA UNIVERSITY

COLLEGE OF PHYSICIANS & SURGEONS
OFFICE OF THE ASSOCIATE DEAN
OF STUDENT AFFAIRS

PETITION TO *DROP* A FOURTH YEAR ELECTIVE AFTER REGISTRATION

DATE: _____

STUDENT: _____

E-MAIL ADDRESS: _____

ELECTIVE NAME: _____

ELECTIVE CODE: _____

MONTH/YEAR: _____

COURSE DIRECTOR: _____

SECTION 1: TO BE COMPLETED BY THE STUDENT

It is my intention to drop the aforementioned elective for the following reason:

SECTION 2: COURSE DIRECTOR'S PERMISSION

The above student has discussed with me the indicated reason for dropping the aforementioned elective. I hereby release him/her from this course. This change has been noted on my course roster.

FACULTY MEMBER SIGNATURE

SECTION 3: DEAN'S PERMISSION

Student has met with me to discuss adding the above course. I have granted my approval to do so.

LISA A. MELLMAN, M.D.
SENIOR ASSOCIATE DEAN FOR STUDENT AFFAIRS

Rev 3/21/2006