

Year 4 Change of Schedule Request

*Request for changes must be submitted a minimum of four (4) weeks prior to the start of the course.
Please print all information*

Request:

To be completed by student:

Name: _____ SID#: _____ Date: _____ Term: _____ Block #: _____
 Dates: Start _____ End _____

DROP Course Name _____ Course #: _____ CRN: _____

DROP Course Name _____ Course #: _____ CRN: _____

ADD Course Name _____ Course #: _____ CRN: _____

ADD Course Name _____ Course #: _____ CRN: _____

Course Type: _____ Sub-Internship _____ Selective (Required Elective) _____ Elective _____

Virtual Reason for Change Request: _____

VSLO Away Rotation? ☐ Yes ☐ No (Complete information below for **ALL** Away rotations) *

*For ALL Away Rotations:

Institutions Name: _____ **Contact Person:** _____

Telephone Number: _____ **Email:** _____

Student's Signature: _____ **Stud. email:** _____

Student's Cell#: _____ **Date:** _____

Office use only:

Requested course available and has open space: Yes No N/A **Verified By:** _____ **Date:** _____

Approval

Assistant Dean for Clerkships /

Designee Signature: _____ **Date:** _____

Approved **Denied- Rational:** _____

Processing

Changed in One45 By: _____ Date: _____ **Student Notified By:** _____ **Date:** _____

Faculty Notified By: _____ Date: _____

Forward to SOMRegistrarServices@utrgv.edu By: _____ Date: _____

Processed SOM Registrar Services By: _____ Date: _____

Notification of Banner Change Received By: _____ Date: _____