Clerkship Trading Form

Clerkships should be traded as far in advance as possible but will not be honored closer than six weeks before the clerkship starting date or after the hospital assignment lottery is drawn (if this occurs further in advance than 6 weeks).

Name _____________________________________________ Class of 20 ________

Required Clerkship to be Traded: ________________________________

Originally scheduled period: (e.g., 9A) Dates: (Month/Year) to (Month/Year)

Requested new period: (e.g., 9B) Dates: (Month/Year) to (Month/Year)

Student’s Signature: ________________________________ Date: __________

AND WISHES TO TRADE WITH:

Name _____________________________________________ Class of 20 ________

Required Clerkship to be Traded: ________________________________

Originally scheduled period: (e.g., 9A) Dates: (Month/Year) to (Month/Year)

Requested new period: (e.g., 9B) Dates: (Month/Year) to (Month/Year)

Student’s Signature: ________________________________ Date: __________

Please return form to Registration & Records, SSOM Rm. 220. Form may also be faxed to our office at 708-216-8151.

Upon receipt of this form in Registration and Records, the trade will be reviewed, and if acceptable, the students will receive acknowledgement of this change of schedule via email.