

STATEMENT OF UNDERSTANDING

As a Senior Medical Student, I understand that it is my responsibility to ensure that my schedule is requested and approved on the Student Scheduler at least 14 days in advance of my elective start date. Failure to maintain a correct schedule on the Student Scheduler will result in no credit for the elective even if the elective was completed.

I understand that once submitted and approved on the Student Scheduler, it is my responsibility to obtain reporting information at least one week in advance and that I must complete the elective. If the elective is not completed, a grade of "F" may be recorded on my transcript. Cancellations of the elective are my responsibility and must be at least 14 days before the elective start date.

I further understand that the 14 day rule will be strictly enforced starting July 15, 2008 and the Office of Academic Affairs will formally register me for the courses with the Registrar's Office at the end of the month for that month's courses.

Signature

Printed Name

Date