

CLASS OF 2020
UPDATED AUDIT CHECKLIST
DUE April 6, 2020 to som-registrar@case.edu

Date: _____ **Student Name:** _____

List 2- and 4-week ELECTIVES	# of weeks	Course Code (e.g IMED 4000A)	Block # (or specify dates if off-cycle)	Add/Drop (if applicable)
Acting Internship	4			<input type="checkbox"/> Add <input type="checkbox"/> Drop
Elective				<input type="checkbox"/> Add <input type="checkbox"/> Drop
Elective				<input type="checkbox"/> Add <input type="checkbox"/> Drop
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Elective				<input type="checkbox"/> Add <input type="checkbox"/> Drop
Elective				<input type="checkbox"/> Add <input type="checkbox"/> Drop
Total Elective Weeks =		End date of last rotation: _____	Total Electives = 38 weeks	

Signature: _____ (required)

Printed Name: _____

Phone number: _____ Date: _____

PLEASE ATTACH AN UNOFFICIAL, UPDATED COPY OF YOUR TRANSCRIPT FROM SIS.
Be aware that clinical credit is 1.5 for 2-week rotations and 3.0 for 4-week rotations. Credits may vary for other courses.