



Albert Einstein College of Medicine

Office of the Registrar  
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## Transfer Class Form (MD)

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Banner ID #

**TRANSFER to the CLASS OF:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_

I will be working with: \_\_\_\_\_

Location: \_\_\_\_\_

Dates of Research: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

I will be dropping the following clerkships/electives/AIs: \_\_\_\_\_

\_\_\_\_\_  
**\_\_\_\_\_ I acknowledge that if my research begins after the start of the fourth year, I will register for electives, clerkships, or vacation to account for my time.**

**\_\_\_\_\_ My parent receives employee tuition benefits on my behalf**

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean for Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Student Finance: \_\_\_\_\_ Date: \_\_\_\_\_

International Students Office: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM TO THE REGISTRAR'S OFFICE-BELFER 210**

### **OFFICE USE ONLY**

**Emailed to Occupational Health** Date: \_\_\_\_\_

**Update:**

\_\_\_\_\_**Banner** \_\_\_\_\_**AAMC-SRS** \_\_\_\_\_**Student File**