



Albert Einstein College of Medicine

Office of the Registrar
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Pre-Clerkship Elective Withdrawal Form (MD)

Please complete the following:

1. Name: _____
2. Banner ID: _____
3. E-mail address: _____
4. Date: _____
5. Name of course (check one):
 - Current Topics in Biomedicine**
 - Medical Spanish:** Beginners / Basic I / Basic II / Intermediate I / Intermediate II / Advanced/Spanish Medical Interviewing
 - Nutrition & Health**
 - Medical Mandarin**
6. Number of sessions already attended _____.

Please indicate the reason(s) for your withdrawal below.

Student Signature: _____

Elective Director Signature: _____

Registrar Signature: _____

**** Students who are unable to meet the elective requirements must withdraw by the end of the second session of the elective. Students who withdraw after the second session has taken place will receive a “W” (withdraw) on their transcript. Students who join an elective from the wait list and withdraw at any point will also receive a “W” (withdraw) on their transcript.**