

UNIVERSITY OF KENTUCKY COLLEGE OF MEDICINE
SPRING 2016 ELECTIVE REGISTRATION
FOR CAMPUS COURSES

PLEASE COMPLETE **ALL** FIELDS

STUDENT NAME:

E-mail: First Year Second Year

PHONE #:

NAME OF ELECTIVE:

COURSE #: CREDIT HOURS: _____

COURSE INSTRUCTOR:

By approving this student for this course, I agree to post a final grade of **Pass or Fail**.

APPROVED BY: _____ DATE: _____
Course Instructor's/Contact's Signature

(Email approval may be used in lieu of signature, but must specify agreement to Pass/Fail grading)

Please enroll me in the elective above. I understand that I may drop this course at any time by notifying both the instructor and the registrar.

Student's signature DATE: _____

**Return this form to Student Affairs, 138 Leader Ave.,
by Friday, December 18, 2015.**