

**University of Hawai'i  
John A. Burns School of Medicine**

**Add/Cancel Senior Electives (#545/546) Form**  
(“in-state” electives only)

*If you are adding or canceling electives offered in different departments, you must complete a separate form for each action. For example: if you wish to cancel a Surgery elective and add a Medicine elective, then you must complete two forms (one for Surgery to cancel and one for Medicine to add) since each department must keep track of their own electives.*

**Section A (Please Print):**

Student’s Name: \_\_\_\_\_

**ADD (course name & alpha):** \_\_\_\_\_ location \_\_\_\_\_

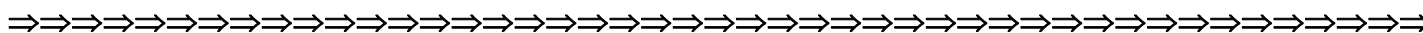
For the dates of: \_\_\_\_\_ to \_\_\_\_\_ wks. \_\_\_\_\_

Name of Responsible Faculty Member: \_\_\_\_\_

**CANCEL (course name & alpha):** \_\_\_\_\_ location \_\_\_\_\_

For the dates of: \_\_\_\_\_ to \_\_\_\_\_ wks. \_\_\_\_\_

Name of Responsible Faculty Member: \_\_\_\_\_

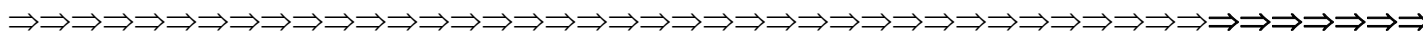


**Section B (Signatures:)**

1. Student’s Signature: \_\_\_\_\_

2. Responsible Faculty Member’s Signature \_\_\_\_\_

3. Course Coordinator’s Signature \_\_\_\_\_



**Office Use Only**

Department: \_\_\_\_\_

Cancelled: Preceptor notified \_\_\_\_\_  
Change noted on dept. schedule \_\_\_\_\_  
OSA notified \_\_\_\_\_

## Instructions

1. Section A: Include 1) your name; 2) course name & alpha; 3) inclusive dates; # of weeks; and name of responsible faculty member.
2. Section B: Sign your name and then contact appropriate clinical department/s re their specific requirements:

**-Complementary & Alternative Medicine:**

Dr. Rosanne Harrigan 692-0909 harrigan@hawaii.edu

**-Emergency Med** Tba 586-8229 surgclrk@hawaii.edu

**-Family Practice:** Lira Quitevis 627-3235 lira.fmch@gmail.com

**-Geriatrics:** Misty Yee 523-8461 mistyy@hawaii.edu

**-Internal Medicine:** Sharon Chun 586-7478 sharonch@hawaii.edu

**-Medical Education** Dr. Richard Kasuya 692-0940 kasuya@hawaii.edu

**-Native Haw'n Hlth:** Dr. Dee-Ann Carpenter-Yoshino 587-8612 deeannc@hawaii.edu

**-Ob-Gyn:** Lisa Kellett 203-6532 kellett@hawaii.edu

**-Pathology:** Jean Chee 692-1130 jkomori@hawaii.edu

**-Pediatrics:** Tina Allison 956-6525/983-8387 tallison@hawaii.edu

**-Psychiatry:** Dana Iida 586-7445 iidad@dop.hawaii.edu

**-Radiology/Surgery:** Tba 586-8229 surgclrk@hawaii.edu

3. Once the form is completed and appropriate signatures are obtained, the form must be submitted to the department which offers the elective. The department will then submit a copy to OSA for the student's file.

**This form must be completed and submitted to the respective department at least 4 weeks prior to the start of the block in which you wish to add/drop an elective (for example: if you wish to change a 4 or 2 week elective in Block C, you must have completed and turned in this form to the appropriate department by the start of the *preceding* block which would be Block B...if you wish to make changes to Block D, then you must submit the completed form by the start of Block C, etc.). If unsure, check with OSA or the department/s.**