

**UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT PEORIA
SCHEDULE CHANGE REQUEST**

REQUESTS MUST BE COMPLETED 4 WEEKS PRIOR TO ELECTIVE START DATE

STUDENT'S NAME _____ CLASS OF _____ DATE _____

UIN# REQUIRED _____

On the reverse side is a list of the authorized signatures required for schedule changes in each department.

<input type="checkbox"/>	Drop	Block _____ Dates _____ to _____ Elective Title _____ Course # _____ Course Director's Name _____ Departmental Approval for Dropped Course _____ Date _____ <i>(signature)</i>
<input type="checkbox"/>	Add	Block _____ Dates _____ to _____ Elective Title _____ Course _____ Course Director's Name _____ Departmental Approval for Added Course _____ Date _____ <i>(signature)</i>
<input type="checkbox"/>	Time Change	From Block _____ Dates _____ to _____ To Block _____ Dates _____ to _____ Elective Title _____ Course # _____ Course Director's Name _____ Departmental Approval for Changed Course _____ <i>(signature)</i>

Academic Affairs Approval _____ Date _____
(signature – skm)

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BLOCK	DATES	BLOCK	DATES
I (a)	06/29/09 – 07/10/09	VII (a)	12/14/09 – 12/25/09
I (b)	07/13/09 – 07/24/09 (Diabetes Camp)	VII (b)	12/28/09 – 01/08/10
II (a)	07/27/09 – 08/07/09	VIII (a)	01/11/10 – 01/22/10
II (b)	08/10/09 – 08/21/09	VIII (b)	01/25/10 – 02/05/10
III (a)	08/24/09 – 09/04/09	IX (a)	02/08/10 – 02/19/10
III (b)	09/07/09 – 09/18/09	IX (b)	02/22/10 – 03/05/10
IV (a)	09/21/09 – 10/02/09	X (a)	03/08/10 – 03/19/10
IV (b)	10/05/09 – 10/16/09	X (b)	03/22/10 – 04/02/10
V (a)	10/19/09 – 10/30/09	XI (a)	04/05/10 – 04/16/10
V (b)	11/02/09 – 11/13/09	XI (b)	04/19/10 – 04/30/10
VI (a)	11/16/09 – 11/27/09		
VI (b)	11/30/09 – 12/11/09		

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**SCHEDULE CHANGE REQUESTS
2009-2010**

The following departments have designated the personnel indicated to authorize schedule change requests for their area:

Basic Sciences	To attending faculty only Authorization: Course Directors
Family & Community Medicine	Theresa Anderson Authorization: Glenn D. Miller, M.D.
Internal Medicine	Karen Canning (phone: 655-7733/fax: 655-7732) Authorization: Saad Alvi, M.D.
Medicine Sub-Internship only	Authorization: Ghaly Kerolus, M.D.
Medicine/Pediatrics	Kelli Rude Authorization: Christina Nulty, M.D.
Neurology	Tammi Miller Authorization: Course Directors
Neurosurgery	Cindy Butenhoff Authorization: Patrick Tracy, M.D.
Obstetrics/Gynecology	Mark Carpentier Authorization: Thomas Lee, D.O.
Pathology	Maria Heathcoat Authorization: Roger Geiss, M.D.
Pediatrics	Michelle Wildenradt (two signature authorizations required) Authorization: Pedro de Alarcon, M.D. & Beth Kramer, M.D.
Psychiatry	Marge Sula Authorization: Course Directors
Radiology	Anne Grawey Authorization: Course Directors
Rehab Medicine	Call Dr. Snyder for approval at 692-8120 (talk to Sharon Reardon) Authorization: Sandy McGee
Surgery	Lorraine Deluhery Authorization: Richard Anderson, M.D.
Emergency Medicine	Glenda Henry Authorization: Gregory Tudor, M.D.