

**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 _____

Note: If adding or changing a UICOMP sub-internship rotation, you must first contact Loni Wenzel in Academic Affairs to check availability, regardless of department.

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)

Academic Affairs Approval for Sub-Internship _____ Date _____
(signature - llw)

REQUESTS MUST BE COMPLETED 4 WEEKS PRIOR TO ELECTIVE START DATE

BLOCK	DATES	BLOCK	DATES
I (a)	06/20/16 – 07/01/16	VII (a)	12/05/16 – 12/16/16
I (b)	07/04/16 – 07/15/16 (Diabetes Camp)	VII (b)	12/19/16 – 12/30/16
II (a)	07/18/16 – 07/29/16	VIII (a)	01/02/17 – 01/13/17
II (b)	08/01/16 – 08/12/16	VIII (b)	01/16/17 – 01/27/17
III (a)	08/15/16 – 08/26/16	IX (a)	01/30/17 – 02/10/17
III (b)	08/29/16 – 09/09/16	IX (b)	02/13/17 – 02/24/17
IV (a)	09/12/16 – 09/23/16	X (a)	02/27/17 – 03/10/17 (Intern Prep Course)
IV (b)	09/26/16 – 10/07/16	X (b)	03/13/17 – 03/24/17
V (a)	10/10/16 – 10/21/16	XI (a)	03/27/17 – 04/07/17
V (b)	10/24/16 – 11/04/16	XI (b)	04/10/17 – 04/21/17
VI (a)	11/07/16 – 11/18/16		
VI (b)	11/21/16 – 12/02/16		

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

SCHEDULE CHANGE REQUESTS 2016-2017

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

Basic Sciences	Linda Walter – Rm B334 – 671-8535 – lwalter@uic.edu
Dermatology	Maria Heathcoat – Rm B232 – 671-8482 – mph007@uic.edu
Emergency Medicine	Christie Perry – SFNB Rm 2620 – 655-6998 – cperry09@uic.edu
Clinical Simulation	Deb Spencer – Jump Sim Center Rm 102 – 677-0811 Debra.M.Spencer@jumpsimulation.org
Family & Community Medicine	Jodi Frasure – DFCM Suite B – 672-4593 – jfrasure@uic.edu
Internal Medicine	Amber Asher – SFNB Rm 5683 – 655-7733 – amberma@uic.edu
Medicine/Pediatrics	Lyn Apa Roth – SFNB Rm 5607 – 655-3863 – lynapa@uic.edu
Neurology	Deb Newton – SFNB Rm 4632 – 624-3915 – dnewton@uic.edu Tammi Miller 4643 655-2702 tammijm@uic.edu
Neurosurgery	Deb Newton – SFNB Rm 4632 – 624-3915 – dnewton@uic.edu Lois Wood 655-2642 lwood@uic.edu
Obstetrics/Gynecology	Laurie Lamb – SFNB Rm 2644 – 624-5592 – lauriel@uic.edu
Pathology	Maria Heathcoat – Rm B232 – 671-8482 – mph007@uic.edu
Pediatrics	April Vigneux – SFNB Rm 5651 – 655-7999 – avigneux@uic.edu
Psychiatry	Heather Close – UPH/Met – Rm W717 – 671-8395 hclose@uic.edu Kelli Rude – Atrium 720 – 495-1670 – krude01s@uic.edu
Radiology	Deanna Silotto – SFNB Rm 4690 – 655-4140 – dsilotto@uic.edu
Rehab Medicine	Sandy McGee – Academic Affairs – 671-8409 – sandym@uic.edu
Surgery	Kathy Slater – SFNB Rm 2675 – 655-2383 – kjslater@uic.edu