

COLUMBIA UNIVERSITY
COLLEGE OF PHYSICIANS & SURGEONS
OFFICE OF THE SENIOR ASSOCIATE DEAN OF P&S EDUCATION

PETITION TO *CHANGE OR ADD* A SCHOLARLY PROJECT MONTH

DATE: _____

STUDENT: _____

E-MAIL ADDRESS: _____

SP MENTOR: _____

MONTH/YEAR DROPPED: _____

MONTH/YEAR ADDED: _____

**Leave blank if month added is to be determined*

SECTION 2: MENTOR'S PERMISSION

Please attach emailed notification, or have Dean Amiel sign below, if you are changing the SP month within one month of the start date.

The above student has discussed switching the SP month with me. I hereby release him/her from this month.

FACULTY MEMBER SIGNATURE

OFFICE USE ONLY

Student has met with me to discuss switching the above scholarly project month. I have granted my approval to do so.

JONATHAN AMIEL, M.D.
ASSOCIATE DEAN FOR CURRICULAR AFFAIRS