



# UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

4301 JONES BRIDGE ROAD BETHESDA, MARYLAND 20814-4799



## The Office of the University Registrar School of Medicine Registration Adjustment Form (formerly Form 114)

Student Name: \_\_\_\_\_ Student Empower ID #: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

### Course Information:

Title of Course: \_\_\_\_\_ (ex: Surgery Clerkship)

Course #: \_\_\_\_\_ (ex: SU03200)

Block/Round Number & Dates: \_\_\_\_\_

### Registration Action: (select one)

Enroll in Course listed above. *Course registration is required through 114 Form per Class of 2022's ACR catalog (available on the OUR's intranet site).*

Disenroll from Course listed above.

Change Block/Round Dates from above mentioned.

Change Block/Round Dates to: \_\_\_\_\_

Select Location/Site not currently listed in EmpowerWeb.

Location/Site Name: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department/Clerkship Coordinator Signature

\_\_\_\_\_  
Date

**\*\*ALL forms must be submitted using official USUHS email to [registration\\_requests@usuhs.edu](mailto:registration_requests@usuhs.edu).**

1. All registration changes using this form must be submitted for the current or future academic Blocks/Rounds. Registration changes for previous Blocks/Rounds must be submitted to the OUR through a separate memorandum by the Clerkship Director.
2. Typical processing times once the completed form is received by the OUR, is 5-7 business days.
3. All appropriate persons, including the student, will be notified by email when a change has been processed by the OUR. A copy of this completed form will be kept in the student's electronic file.

Please submit this completed and signed to The Office of the University Registrar at [registration\\_requests@usuhs.edu](mailto:registration_requests@usuhs.edu). The OUR will not accept a form that is not signed.