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

PETITION TO CHANGE A SCHOLARLY PROJECT MONTH

All changes must be discussed with Dean Amiel before submitting this form.

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 your mentor sign below, if you are changing the SP month within one month of the start date.

The above student has discussed changing 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 changing the above scholarly project month. I have granted my approval to do so.

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