CHANGE OF ROTATION APPLICATION
(Submit to the department of the rotation)

Student Name: (Please Print) ____________________________________________

I am requesting to CHANGE Clerkship Rotation: ____________________________

I am requesting to SWAP Clerkship Rotation: ____________________________

Signature: __________________________________________________________________

Date: _______ Email to send results to: __________________________ Cell Phone: __________

Current Rotation # ___________________________ Request to Change to Rotation # __________

From: __________ To: __________ From: __________ To: __________

(Facility Name) (Facility Name)

(Preceptor: First and Last Name) (Preceptor: First and Last Name)

(City) (City)

This CHANGE is being requested because: __________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I will be swapping with fellow student _________________________________________, who by their
signature has agreed to accept my current schedule for this rotation.

Signature: ________________ If not approved send Email to: ______________________

☐ Approved Department Chair: __________________________

☐ Not Approved Date: __________________________

Reason for not approving: __________________________________________________________________

________________________________________________________

REV 4/14