CHANGE OF ROTATION APPLICATION
(Submit to the Department of Clinical Education)

Student Name: (Please Print) ____________________________________________

I am requesting to CHANGE Clerkship Rotation: ________________________________

I am requesting to SWAP Clerkship Rotation: ________________________________

Signature: __________________________________________________________________

Date: _______ Email address: ________________________________________________
Phone number: ________________________________

Current Rotation Number: __________________________________________
From: ___________ To: ___________
(Facility Name) _________________________________________________________
(Preceptor: First and Last Name) _____________________________
(City) _________________________________________________________________

Change to Rotation Number: __________________________________________
From: ___________ To: ___________
(Facility Name) _________________________________________________________
(Preceptor: First and Last Name) _____________________________
(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: __________________________________________________________________

□ Approved by Rural Health __________________________________________
□ Approved by Department __________________________________________
□ Not Approved Date: __________________________________________________________________