



# **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: \_\_\_\_\_ Contact Number/Pager #/Cell Phone: \_\_\_\_\_

### **Current**

From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_  
(Facility Name)

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

\_\_\_\_\_  
(City)

### **Change**

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: \_\_\_\_\_