EXCEPTION TO ROTATION APPLICATION

This form must be completed and returned to the Course Director for ANY time missed from a rotation at least one week prior to the start of the rotation (unless it is an emergency). You will be notified if not approved or of any makeup required.

Student Name (please print): ____________________________________________________

Student Signature: __________________________ Date: __________________________

Student CWID: __________________________ Contact # (cell phone): __________________________

Student Email: __________________________

Rotation Name: __________________________ Rotation #: __________________________

Rotation Dates From: __________________________ To: __________________________

Site Name: __________________________ City: __________________________ Preceptor: __________________________

Requested Time Off:

Dates Requested From: __________________________ To: __________________________

Times Requested From: __________________________ To: __________________________

Required: The circumstances for requesting this exception are: __________________________

100% attendance is required. ANY TIME missed from the rotation must be approved by the Preceptor AND the Course Director. Make-up may be required.

☐ Approved  ☐ Not approved  ☐ Make-up Required  ☐ Make-up Not Required

Preceptor: __________________________ Date: __________________________ Make-up: __________________________

(Preceptor’s signature)

☐ Approved  ☐ Not approved  ☐ Make-up Required  ☐ Make-up Not Required

Course Director: __________________________ Date: __________________________ Make-up: __________________________

(Course Director’s signature)

Excessive time missed (more than 3 days) or missed required lectures/assignments/events must be approved by Associate Dean for Clinical Education and make-up may be required.

☐ Approved  ☐ Not approved  ☐ Make-up Required  ☐ Make-up Not Required

Associate Dean for Clinical Education: __________________________ Date: __________________________

☐ Make-up due on or before __________________________  ☐ Student Notified by __________________________ on __________________________ by __________________________

(Preceptor’s signature)

Revised 6/18/2021