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 __________________________
(person) (date) (email, phone, in person)

Revised 6/18/2021