Request for Clerkship Change Form

Clerkship Change Policy

A. For rotation changes to take place, this form must be completed in full and submitted to the clerkship coordinator at least 3 months from the start date of the rotation in question.

B. Each student is allowed to initiate only one rotation change during his or her clerkship year. Other changes may be made at the discretion of the clerkship coordinator.

C. Elective and community rotations may be switched upon request of the student, but the change must fit into the same time slot and not effect other rotations or other students. A letter of explanation must accompany this request form.

D. Rotations, other than elective and community rotations, may only be changed when there is a documented, valid reason (i.e. medical emergency). A letter of explanation must accompany this request form.

E. All changes must be approved in advanced by both preceptors. The student may be asked to contact the involved preceptors and to supply necessary materials.

F. All changes are subject to approval by the College of Pharmacy Progressions committee.

I. Student Information

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>First Name</th>
<th>Home Phone #</th>
<th>E-mail</th>
</tr>
</thead>
</table>

II. Currently Scheduled Rotation

<table>
<thead>
<tr>
<th>Rotation #</th>
<th>Start Date</th>
<th>Clerkship</th>
<th>Site</th>
<th>Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.e. 1</td>
<td>8/14/2000</td>
<td>Medicine</td>
<td>Family Medicine</td>
<td>Rex Force</td>
</tr>
</tbody>
</table>

III. Requested Rotation

<table>
<thead>
<tr>
<th>Rotation #</th>
<th>Start Date</th>
<th>Clerkship</th>
<th>Site</th>
<th>Preceptor</th>
</tr>
</thead>
</table>

IV. Reason for Change

Please attach letter of explanation to the form

☐ Medical Emergency ☐ Family Emergency ☐ Other__________________

Office Use Only

1. Action Taken
   - Request approved
   - Request denied
   - Initials

2. Notified current preceptor of change
3. Notified future preceptor