COM_ 200-281

CHANGE OF Clinical SITE Request

Student Name: (Please Print)

Clerkship Name:

Dates From: To:

I am requesting to CHANGE Clerkship Rotation Site:

I am requesting to SWAP Clerkship Rotation Site:

Signature: Date:

Contact Number/Cell Phone: ( )

Please describe the justification for your request.

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|  |  |
| --- | --- |
| Current | Change |
|  |  |
| (Site Location) | (Site Location) |
|  |  |
| (Director/Site Approval) | (Director/Site Approval) |

I will be swapping with fellow student , who by his/her signature has agreed to accept my current schedule for this rotation.

Signature: Date:

* Approved Date

*Clerkship Program Manager (PHX) or Clinical Department Coordinator (TUS)*

* Not Approved Justification:

Submit the completed request to the

UA College of Medicine – Phoenix: Student Affairs Office, Room 3352

UA College of Medicine – Tucson: Appropriate Clinical Department Coordinator