SCHEDULE CHANGE FORM
(to be used within 30 days of start of your next rotation)

STUDENT NAME ___________________________  Banner ID# _______________________

DEPARTMENT Originally Scheduled IN:
I am scheduled to take _________________________________________________
on ___________________________ to ___________________________ and I am requesting to
DROP this rotation.

DEPARTMENT APPROVAL (coordinator or director)
PRINT: ___________________________  Sign: ___________________________

DATE: ___________________________

DEPARTMENT Changing TO:
I am requesting to add the rotation of _______________________________________
on ___________________________ to ___________________________.

DEPARTMENT APPROVAL (coordinator or director)
PRINT: ___________________________  Sign: ___________________________

DATE: ___________________________

If taking OFF Check here _____
If Changing to an away rotation:  Where: ___________________________

In What: ___________________________

Note: If this form is not properly filled out and signed off on the scheduled department has the right to fail you for that rotation.