



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)