

# Rotation Change Request Form



Please complete this form for all rotation change requests. This form must be reviewed and signed by your DSME, Site Coordinator, and Clinical Affairs personnel. This form must be submitted for consideration at least (4) weeks in advance. Completion of this form does not constitute an automatic approval.

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

**Type of Request:**

Rotation Period Switch    and/or     Rotation Site/Practice Change

CURRENT Rotation Information	REQUESTED Rotation Information
<b>Discipline:</b>	<b>Discipline:</b>
<b>Site:</b>	<b>Site:</b>
<b>Rotation Dates:</b>	<b>Rotation Dates:</b>

**Reason for the Request:**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Please submit this completed form to the Clinical Affairs office associated with your current rotations**

	3 <sup>rd</sup> Year Contact	4 <sup>th</sup> Year Contact
<b>Auburn Campus</b>	Pam Prince <a href="mailto:pprince@auburn.vcom.edu">pprince@auburn.vcom.edu</a>	Amanda Schwiening <a href="mailto:aschwiening@auburn.vcom.edu">aschwiening@auburn.vcom.edu</a>
<b>Carolinas Campus</b>	Joy Radcliff <a href="mailto:jradcliff@carolinas.vcom.edu">jradcliff@carolinas.vcom.edu</a>	April Watson <a href="mailto:awatson@carolinas.vcom.edu">awatson@carolinas.vcom.edu</a>
<b>Virginia Campus</b>	Ashley White <a href="mailto:awhite@vt.vcom.edu">awhite@vt.vcom.edu</a>	Josh Lampert <a href="mailto:jlampert@vt.vcom.edu">jlampert@vt.vcom.edu</a>
<b>Louisiana Campus</b>	Elizabeth Hartman <a href="mailto:ehartman@ulm.vcom.edu">ehartman@ulm.vcom.edu</a>	Mary Brinkerhoff <a href="mailto:mbrinkerhoff@ulm.vcom.edu">mbrinkerhoff@ulm.vcom.edu</a>

**Site and VCOM Use ONLY**

		<input type="checkbox"/>	<input type="checkbox"/>
<b>DSME (Core Site)</b>	<b>Date</b>	<b>Approved</b>	<b>Denied</b>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Site Coordinator (Core Site)</b>	<b>Date</b>	<b>Approved</b>	<b>Denied</b>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Director of Clinical Rotations</b>	<b>Date</b>	<b>Approved</b>	<b>Denied</b>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Associate Dean</b>	<b>Date</b>	<b>Approved</b>	<b>Denied</b>