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.