

SCHEDULE CHANGE/TRADE REQUEST FORM: YEAR 3

(Please fill out completely – incomplete forms will not be acted on)

Do not approach clinical sites in order to make schedule changes. All requests must be submitted through the Division of Clinical Education. Requests for changes within 5 weeks of the start of Block (posted start date) will require emergency approval using the following procedure:

- Fax/Scan a signed form to the Division of Clinical Education (clinicaleducation@drexel.edu) and include the reason for your emergency request.
 - The *latest* a request will be accepted for review is five (5) working days prior to the start of the rotation (i.e., 8am on Monday for a following Monday start date)
 - The Division of Clinical Education will coordinate review with the Associate Dean for Clinical Education, who will give final approval for all emergency schedule changes.
- (Revised 02/13/2018)*

DATE:	E-MAIL:
NAME:	
SIGNATURE:	PHONE #:

This request is for the following: **Please check.**

SCHEDULE CHANGE		If an “Even Trade,” list Name of each Student involved:
“EVEN TRADE”		

All participating students must submit a form indicating their willingness to participate in the trade. No e-mails will be accepted.

COURSE(S) TO BE DROPPED (below)

START DATE	END DATE	COURSE TITLE	COURSE NUMBER	LOCATION

COURSE(S) TO BE ADDED (below)

START DATE	END DATE	COURSE TITLE	COURSE NUMBER	LOCATION

Reason for requesting change (**only REQUIRED for emergency requests**):

For office use only – please do not complete below -

Clerkship Director Approval	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Date: ___/___/___
Site Approval	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Date: ___/___/___
Emergency Request Approved: <input type="checkbox"/>	Student Affairs Dean Printed Name / Signature Date: ___/___/___	
Emergency Request Denied: <input type="checkbox"/>		
Notifications made to department	Date: ___/___/___	Notifications made to site Date: ___/___/___
Schedule changes made Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: ___/___/___	By: _____

**Form should be returned to Division of Clinical Education, Room 114K, Queen Lane.
Fax: 215-843-7738 // Tele: 215-991-8360 // clinicaleducation@drexel.edu**