



# College of Pharmacy

## ROTATION ASSIGNMENT APPEAL

**STUDENT INSTRUCTIONS:** COMPLETE SECTIONS I, II & STUDENT SIGNATURE IN SECTION IV AND SUBMIT TO EXPERIENTIAL EDUCATION IN IREB OR VIA EMAIL TO [BRITNEY.COX@UNTHSC.EDU](mailto:BRITNEY.COX@UNTHSC.EDU) WITHIN 5 BUSINESS DAYS OF SCHEDULE RELEASE.

### I. STUDENT INFORMATION

Student Name: \_\_\_\_\_

*Last*

*First*

*M.I.*

Student ID Number: \_\_\_\_\_

Department: \_\_\_\_\_

College of Pharmacy

Date: \_\_\_\_\_

Current Site & Preceptor Name: \_\_\_\_\_

Rotation Dates/Block: \_\_\_\_\_

Re-location Site & Preceptor Name: \_\_\_\_\_

### II. REASON FOR CHANGE

Reason for Change: \_\_\_\_\_

**\*\*NOTE** – Change is not guaranteed to be made and change will be made upon approval by the Vice Chair or Director of Experiential Education

### III. REQUEST DETAILS

Date Received:

Approved  Not Approved

Decision Date:

Decision: \_\_\_\_\_

### IV. SIGNATURES

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Vice Chair or Director  
of Experiential: \_\_\_\_\_

Date: \_\_\_\_\_