Loyola University Stritch School of Medicine
Office of Registration and Records

Petition to Reschedule Required Third Year Clerkship(s)

Name ________________________________ Class of 20 ________

1. Clerkship you wish to reschedule: ________________________________

   Originally scheduled period: __________________________ Dates: ________ to ________
   (e.g., 5AB) (Month/Year) (Month/Year)

   Requested new period: __________________________ Dates: ________ to ________
   (e.g., 5BC) (Month/Year) (Month/Year)

   Reason for the Change: __________________________________________
   __________________________________________
   __________________________________________

2. Clerkship you wish to reschedule: ________________________________

   Originally scheduled period: __________________________ Dates: ________ to ________
   (e.g., 5AB) (Month/Year) (Month/Year)

   Requested new period: __________________________ Dates: ________ to ________
   (e.g., 5BC) (Month/Year) (Month/Year)

   Reason for the Change: __________________________________________
   __________________________________________
   __________________________________________

Student’s Signature: __________________________ Date: ________________

Please return form to Registration & Records, SSOM Rm. 220. Form may also be faxed to our office at 708-216-8151.

Upon receipt of this form in Registration & Records, this petition will be reviewed, and the student will receive notice by email regarding the clerkship change.