__ Book -, +
__ Schedule
__ Student EM
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Loyola University Stritch School of Medicine
Office of Registration and Records

Petition to Reschedule Required *Fourth Year* Clerkship

Name _____ Class of 20 _____

Clerkship you wish to reschedule (circle one): Emergency Medicine

ICU Subinternship*

Wards Subinternship*

Originally scheduled period: _____ (e.g, 9A) Dates: _____ (Month/Year) to _____ (Month/Year)

Requested new period: _____ (e.g, 9B) Dates: _____ (Month/Year) to _____ (Month/Year)

Reason for the Change: _____

_____

_____

Student's Signature: _____ Date: _____

Department Approval (Sub-Is ONLY):

_____
Signature of Clerkship Director/Designee

***NOTE*: A wards subinternship may only be changed for another wards subinternship spot and an ICU subinternship for another ICU assignment. When original assignments are rescheduled, no guarantee is made that you will have the same site/service. Students must submit their service request for the new month directly to Debi Kurcab in the Department of Medicine.**

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.