CHANGE OF PHASE II SCHEDULE REQUEST FORM

1. Please check the appropriate reason(s) for the change(s):

   _____ Illness—which includes yourself or immediate family members where you will miss more than the allowable days. The block or ½ block, if essential, will need to be dropped and rescheduled during one of your vacation blocks or a block that is a non-essential elective, if room permits. Otherwise, the time may need to be made up after the official graduation date.

   _____ Changes in the available dates for outside externship/special topics. (PLEASE ATTACH CORRESPONDENCE NOTING NEED FOR DATE CHANGE FROM APPROPRIATE INSTITUTION.)

   _____ Change in the rotations available through the SVM

   _____ A life altering event, such as YOUR wedding, the birth of YOUR child, etc.
   PLEASE SPECIFY: ________________________________________________________________

   _____ Change in career emphasis (LIST NEW CAREER EMPHASIS) so that your year as schedule will not the new career emphasis requirements. Reasons for a change in career emphasis will need to be discussed with the Office of Student and Academic Affairs Associate Dean, Dr. Joseph Taboada, before approved. (PLEASE HAVE INITIALED BY DR. TABOADA.)
   Previous Career Emphasis: _______________________________________________________
   New Career Emphasis: _________________________________________________________
   Initials of Associate Dean: __________________________

2. Please attach your current schedule and what you are requesting to be changed. Indicate what block(s) you do not want to be changed to accommodate the requested change. Please note that the more blocks you request NOT to be changed the less likely the requested change can be accommodated.

3. Please write your contact information.
   Email: ___________________________________________________________
   Phone number: _______________________________________

4. Requests need to be submitted a minimum of two blocks (8 weeks) in advance of the change. (Except illness of course!) Please submit this request form and other supporting documentation to Kayla H. Baudoin, LMSW in the Office of Student and Academic Affairs.

**Please understand that even if this form is properly completed, the requests cannot always be met due to the number of people already enrolled in a course and/or rotation. The more course/rotation options listed for any block change, the better chance there is that your request can be met.**

**Please state if any of the requested changes are making up for a course/rotation where an “Incomplete” grade was assigned.**

**Please take into account when requesting a change that you must take specific courses per your concentration requirements. Double check to make sure you are meeting all of your requirements.**