

FORM TO REQUEST INTERNAL CLERKSHIP CHANGES
Tuskegee University College of Veterinary Medicine
Veterinary Clinical Program

Date:

Name of Person Requesting Change:

Reason for Request:

Clerkship Student Assigned:

Dates of the Assigned Clerkship:

Clerkship Student is Requesting

Dates of the Requested Clerkship:

Signatures are Required

Name of Clinician(s) on the Assigned Clerkship

Signature and Date

Name of Clinician(s) on the Requested Clerkship:

Signature and Date:

Submit request to Mrs. Debra Mitchell in the Office of the Dean dmitchell@tuskegee.edu Request should be submitted at least 70 days in advance.

DO NOT WRITE BELOW THIS LINE

Office of Associate Dean for Academic Affairs: () Approve () Not Approved

Reason for Action:

Signature of Associate Dean for Academic Affairs:

Date: