

FORM 1B – PUBLIC HEALTH and COMMUNITY HEALTH EDUCATION PRECEPTORSHIP SITE CHANGE REQUEST

Due to unforeseen circumstances, a student may need to change a previously requested preceptorship site. Prior to any action being taken, all students requesting a change are required to meet with their academic advisor. In order for any request to receive consideration a clear and reasonable rationale must be presented. Any request not presented with sufficient lead time may be denied or result in a delay to the student completing their preceptorship requirement. It is the student's responsibility to obtain all required signatures.

Date:

Name:

Address:

UWL e-mail

Cell Phone:

Preceptorship Faculty Advisor:

Not assigned yet

Semester of Preceptorship:

Fall

Spring

Summer

Year

Previous Preceptorship Site Requested:

New Preceptorship Site Requested:

Justify why you are requesting a site change

Student Signature: _____

Academic Advisor Signature: _____

Preceptorship Coordinator Signature: _____