

Presbyterian College School of Pharmacy Office of Experiential Education

APPE Change Request

Policy: Once the APPE schedule is finalized and released to preceptors, only **one** student-initiated request will be allowed during the P4 academic year. The request must be submitted at least **90 days** prior to the start of the rotation to ensure time to contact preceptors and complete pre-rotation requirements. Submitting a change request does not guarantee the request will be granted. The following requests will typically not be granted:

- (1) Requests to add or drop an out-of-area rotation
- (2) Requests to drop a faculty rotation
- (3) Requests to drop/change assignments at Veterans Affairs, Greenville Health System, and other institutional sites

OEE-initiated or preceptor/site-initiated changes made for reasons aside from student requests will not count as the one student request. While student input on such changes may be sought, OEE reserves the right to implement such changes without consulting the affected student in advance.

Additional change requests initiated by the student due to extreme circumstances may be considered. Such circumstances may include illness or injury as well as certain unexpected/unplanned life events. However, change requests due to non-extreme situations beyond the one allowed—including professional interest changes—will typically not be considered.

Due to the complexity of rotation assignments, a student should not contact a preceptor directly about changing, adding, or removing an assigned rotation, and such action may be grounds for immediate rejection of the request.

Instructions: Complete this form and email it to Mrs. Carbonneau in the OEE at scarbo@presby.edu. After consideration by the OEE, Mrs. Carbonneau will notify you of the status of your request.

Student Name: _____

Date Submitted: _____ **Date Received by OEE:** _____
(date must be at least 90 days prior to the start of the month requested)

Change Requested for _____ *(month or range of months)*

Reason for Request *(check as appropriate):*

Academic Issue Health Issue *(student or family)*
 Change in Post-Graduation Goals/Plans Other _____
 Hardship (transportation, housing, family, etc.) _____

Description of Requested Change

(Include reason for change, type of rotation requested (critical care, internal medicine, ambulatory care, academia, etc.), any specific preceptor requested, etc. Provide a complete and honest rationale for making this request.)

OEE Use Only: _____ *Approved* _____ *Denied* _____ *Student notified by* _____ *on* _____