

**PHARM.D. ADVANCED PRACTICE EXPERIENCE
SCHEDULE CHANGE REQUEST**

Once assignments are made and distributed to students and sites, petitions for changes will be permitted **only under extreme circumstances**.

Students petitioning for a change will be required to complete this form, detailing the extreme circumstances. This form must be submitted to the Director of Experiential Education **at least 90 days before** the first day of the APPE in question. The students may be asked to present their case in person. Students will receive notification whether their petition is accepted or denied one month after their petition is submitted.

STUDENT'S NAME: _____ STUDENT ID# _____

PHONE NUMBER: _____

REASON FOR CHANGE/DETAIL OF EXTREME CIRCUMSTANCES:

ADVANCED PRACTICE EXPERIENCE CURRENTLY SCHEDULED:

Experience Name: _____

Site: _____

Dates: _____ through _____

PROPOSED ADVANCED PRACTICE EXPERIENCE CHANGE:

Experience Name: _____

Site: _____

Dates: _____ through _____

Director of Experiential Education

DATE

Date received by
Experiential Education Office

Date Database Updated