

**Loyola University Stritch School of Medicine
Office of Registration and Records**

__ Book -, +
__ Schedule
__ Student EM
__ Coord EM

Petition to Reschedule Required *Third Year* Clerkship(s)

Name _____ Class of 20 _____

1. Clerkship you wish to reschedule: _____

Originally scheduled period: _____ Dates: _____ to _____
(e.g, 5AB) (Month/Year) (Month/Year)

Requested new period: _____ Dates: _____ to _____
(e.g, 5BC) (Month/Year) (Month/Year)

Reason for the Change: _____

2. Clerkship you wish to reschedule: _____

Originally scheduled period: _____ Dates: _____ to _____
(e.g, 5AB) (Month/Year) (Month/Year)

Requested new period: _____ Dates: _____ to _____
(e.g, 5BC) (Month/Year) (Month/Year)

Reason for the Change: _____

Student's Signature: _____ Date: _____

Please return form to Registration & Records, SSOM Rm. 220. Form may also be faxed to our office at 708-216-8151.

Upon receipt of this form in Registration & Records, this petition will be reviewed, and the student will receive notice by email regarding the clerkship change.