

EXCEPTION TO ROTATION SCHEDULE APPLICATION

**OSU College of
Osteopathic Medicine**
1111 West 17th Street
Tulsa, OK 74107

**Center for Rural Health
Phoenix Building**
Phone: (918) 584-4375
Fax: (918) 582-8938

This form must be completed and returned to the
Center for Rural Health
at least 1 week prior to requested time off.
(Form can be faxed to 918-582-8938)

Student Name: (Please Print) _____

Signature: _____

Date: _____

Contact # (pager #/cell phone): _____

E-mail: _____

I am requesting an exception from the required
clinical rotation schedule for the following:

- Rural Clinic
- Community Clinic
- Community Hospital I
- Community Hospital II
- Emergency Medicine

SCHEDULED ROTATION:

From _____ To _____

(Site/Physician)

(City)

REQUESTED TIME OFF:

Date(s): _____

Time: _____

Total time off: _____

The circumstances for this exception are: _____

For Office Use Only

- 100% attendance is required. Any absence must be approved by the Preceptor and make up may be required.
- Missed lecture or assignment must be approved by the Center for Rural Health and make up may be required.

Preceptor: _____ Date: _____ Comment: _____
(Preceptor's signature)

Director of Rural Medical Education: _____ Date: _____ Comment: _____
(Director of Rural Medical Education's Signature)

Course Coordinator: _____ Date: _____ Comment: _____
(Associate Dean for Rural Health's signature)

- Approved Work is / is not allowed to be made up. (circle is or is not)
- Not approved Work will be made up on or before _____
- Student Notified on _____ NOTES: _____