

REQUEST FOR CHANGE OF APPE ASSIGNMENT

Changes in the practice assignment will be made by the Director of Experiential Programs based on availability of the site and on the genuine need of the student. **Requests are due by May 15th for Fall Rotations and December 15th for Spring Rotations.**

Name: _____

Address: _____

Phone: _____ Email: _____

Current APPE Assignments:

Rotation 1: _____

Rotation 2: _____

Rotation 3: _____

Rotation 4: _____

Rotation 5: _____

Requested APPE Assignment Changes:

Rotation 1: _____

Rotation 2: _____

Rotation 3: _____

Rotation 4: _____

Rotation 5: _____

Brief explanation for requesting change of assignment: _____

Send request to:

Christy F. Cox, Director of Experiential Programs

SWOSU College of Pharmacy

Pasteur Medical Building

1111 North Lee Ave. Suite # 241

Oklahoma City, OK 73103

Fax to: 405-601-1201 or Email to: Christy.cox@swosu.edu

Request Approved: _____ Request Denied: _____