

Preceptorship
Student Schedule Change Form
To be turned on Tuesday's *at the start of first class*

Student Name _____

Today's date _____

Instructor Notified? RG / JS Date/Time? _____

Original date you were scheduled to precept _____

Date you plan to precept now _____

Original date you were scheduled to Precept _____

Date you plan to precept now _____

Original date you were scheduled to precept _____

Date you plan to precept now _____

Original date you were scheduled to precept _____

Date you plan to precept now _____

Shift time changes: list any changed start and end times

Started at _____ Ended at: _____

Started at _____ Ended at: _____

Started at _____ Ended at: _____

Started at _____ Ended at: _____

Started at _____ Ended at: _____

Started at _____ Ended at: _____

Reason(s) for changes:
