ROTATION SUBSTITUTION FORM

Please note: Failure to complete your rotation in Oral Diagnosis before the end of the semester will result in a grade of “F” for the semester.

Today’s Date ____________________  Rotation ____________________

__________________________  __________________________
(name)  (QR#)  will substitute for  (name)  (QR#)

on ____________________  AM  PM

(date)  (please circle)

_______ © _____________  __________________________ 

(name)  (QR#)  will substitute for  (name)  (QR#)

on ____________________  AM  PM

(date)  (please circle)

Student signatures and stamps of those verifying agreement to the trade noted above:

_________________________________________

REASON FOR SUBSTITUTION:

____________________________________________________________________________________________________

Substitution time must be day for day or half-day for half-day. “To be determined” is not an acceptable entry for a substitution. A date and time must be selected prior to approval.

Please obtain approval from either the staff or faculty rotation supervisor for the respective rotation. The authorized individuals are listed below. Once the rotation supervisor has signed written approval, turn the form in to Mrs. Miller in Room 240. Mrs. Miller will make the arrangements to have the computer clinic schedule modified to reflect the change.

Faculty/Staff Rotation Supervisor

____________________________________________________________________________________________________

Assistant Director of Clinics

Rotation Supervisors:

Hospital – Debbie Wedemyer and Dr. Smith
Implantology – Jana Williams and Dr. Jacobsen
Oral Diagnosis – Dr. Settle
Oral Surgery – Debbie Wedemyer and Bobbie Davis
Pedo Screening and Emergency – Ms. Romano
Support Lab – David Dembenski

Copies go to:  Rick Stuecken
                 Linda Hale
                 Rotation Supervisor
                 Student

Assistant Director of Clinics will retain the original.