

CORE Special Petition

Student name _____ PID # _____

Date of request _____ Dates for requested change _____

Request Type

This request is for a change from the standard:

- Curriculum
 - International Rotation Individualized Clinical Rotation
 - Other (please identify) _____
- Schedule
 - Maximum of 12 weeks in any subspecialty
 - Other (please identify) _____
- Student Policy
 - Maximum of 8 weeks out-of-state rotations
 - Other (please identify) _____
- Attendance Policy
 - Request to attend AOA Conference
 - Request to attend other professional conference (please identify) _____
 - Other (please identify) _____

Description of Request

Please describe *in detail* the requested change or exemption from the established standard curriculum, schedule, or policy (use additional sheets if necessary).

Rationale for request

Please provide a justification for this variation from standard curriculum, schedule, or policy (use additional sheets if necessary).

Student

Date

CORE Administrator

Date

Approved Not Approved

CORE Assistant Dean

Date

Approved Not Approved

Director of Pre-Doctoral Education

Date

Approved Not Approved

Associate Dean for Pre-Doctoral Education

Date

Approved Not Approved

Once this request is approved by the CORE Administrator and the CORE Assistant Dean, please submit this form to the Director of Pre-Doctoral Education for processing and final approval by the Associate Dean for Pre-Doctoral Education.