

Please print neatly

**Student Name:** \_\_\_\_\_ **Class Year:** \_\_\_\_\_  
**Date Submitted:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**All information is required. Incomplete forms will be returned. This form is due no less than thirty (30) days prior to the anticipated rotation start date.**

**Rotation Requested:** \_\_\_\_\_ **Rotation Dates:** \_\_\_\_\_

**Hospital/ Clinical Site:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_

**Point of Contact:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: (Office) \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Preceptor:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: (Office) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
AOA/AMA No.: \_\_\_\_\_ License #: \_\_\_\_\_

In making your selection we would like you to explain your choice prior to approval.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ [please attach if you require additional lines]

**Submission of this request does not constitute approval. Plans for travel or housing should not be made until the student is in receipt of the signed copy of this form indicating approval.**

\_\_\_\_\_  
**Signature of the Student** Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of DME/ Preceptor/ Elective Faculty**  Approved  Declined Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of the Dean**  Approved  Declined Date: \_\_\_\_\_

**Submit Requests to:**

**Harlem Campus**  
Rhonda Weiss, Student Coordinator,  
E-mail: [rhonda.weiss31@touro.edu](mailto:rhonda.weiss31@touro.edu)

**Middletown Campus**  
Ashley Wittens, Student Coordinator,  
E-mail: [ashley.wittens@touro.edu](mailto:ashley.wittens@touro.edu)

Recorded on New Innovations: \_\_\_\_\_