CMR/Pre Intern Clinic Shift Requests

Return Form to the Registrar's office or drop box

Name							_ Year ir	n school		Pro	gram			_	
	Center for Natural Medicine & Gastro only shifts (SS-L) are by application only/ NOT available through general registration														
Term (CH Total# of Clinic sh List as m CMR	CMR a	nd Pre I ference	ntern sh e s:	ifts (bas	ed on yo	our curr Iowest	iculum	layout)	CMR_	PI_					
Doctor					day/ti		Doctor						day/tim	ie	
1							1								
2							2								
3							3								
4							4								
5							5								
6							6								
7							7								
8															
9							9							_	
10															
		Please	fill out t	he block	schedule reflect yo	below v	WILLI CIAS		uie, iike	u cililic s	siiiit(s <i>)</i> .				
	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm	
Mon															
Tue															
Wed															
Thu															
Fri															
Sat															