

Primary Clinic Shift Requests

Return form to Lindsey Johnson in the Registrar's Office or drop box.

Name _____ Year in school _____ Program _____

Center for Natural Medicine & Gastro only rotations (SS-L) are by application only, NOT available through general registration.

Term (CHECK ONE) SUMMER FALL WINTER SPRING

Please list your fixed primary rotation(s) doctor/day/time, if applicable:

Total # of **ND** rotations you're registering for **including fixed rotations** (based on your curriculum layout) _____

Clinic Rotation Preferences:

List as many choices as possible from highest to lowest priority

Doctor	Day/Time	Doctor	Day/Time
1. _____		8. _____	
2. _____		9. _____	
3. _____		10. _____	
4. _____		11. _____	
5. _____		12. _____	
6. _____		13. _____	
7. _____		14. _____	

Fill out the block schedule below with your class schedule and fixed clinic rotation(s).

******This schedule should reflect your current classes for the upcoming term – not classes you're waitlisted for******

	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm
Mon														
Tue														
Wed														
Thu														
Fri														
Sat														

**The Registrar staff will make every attempt to honor your preferences
but we ask you to remember they are requests only.**