

Secondary Clinic Shift Requests

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

Name _____ Year in school _____ Program _____

*Shifts with "no secondary" listed are not available for scheduling.
Center for Natural Medicine & Gastro rotations (SS-L)s, are by application only,
NOT available through general registration.*

Term (CHECK ONE) SUMMER FALL WINTER SPRING

Total # of **ND** rotations you're registering for (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.

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

*****This schedule should reflect your *current* courses for the upcoming term,
not courses you are waitlisted for*****

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