**If you are requesting a Reduced Clinical Rotation Length, you must complete this petition and:**

* **email to** **Speech@nau.edu**

**Your name:**

**Reason for request:**

* **Conflicts with work schedule**
* **Submit work calendar**
* **End date of work:**
* **Start date of work:**
* **Your desired start date:**
* **Your desired end date:**
* **Total number of weeks for clinical rotation**
* **Medical reason (submit letter from physician)**
* **Start date of medical leave**
* **End date of medical leave**

**Less that an eight week clinical rotation will not be approved. You will have to choose another session to complete your clinical rotation.**

**Have these dates been approved by the site? The answer must be “yes” before submitting the petition.**

* **You must email me documentation (letter or email) that states that the site has approved the reduced clinical rotation length.**

**This Petition is Approved or Not Approved by course instructor (I will circle)**

* **You will receive an email from me either approving or not approving your request**