UVM Larner College of Medicine Clinical Campus Change Request Form

Submit this form through OASIS if you wish to request a clinical campus change consistent with the stipulations outlined in Medical Student Handbook [Policy 518.00 Clinical Campus Site Assignment](https://med.uvm.edu/studenthandbook/51800).

**Clinical Campus Change Request Deadlines, no later than noon on:**

* **August 1:** Student Accessibility Services (SAS) documentation request, if applicable
* **September 1:** OASIS request (accompanied by SAS accommodation letter, if applicable)

**IMPORTANT:** Documentation to support a medical request should not include any medical information. When working with SAS, medical [information should be submitted directly to SAS](http://med.uvm.edu/docs/lcom_sas_siteexemptionform/medical-education-documents/student-affairs/lcom_sas_siteexemptionform.pdf), and only the SAS accommodation letter should be uploaded to OASIS with this form.

Check the box next to the applicable ground(s) then upload this form and any relevant **non-medical** supporting documentation, including applicable SAS accommodation letter, to your “Exemptions” academic history tab in OASIS [“Exemption Request (Student Upload)” section].

Decisions will be made by the Clinical Campus Change Committee for students with extenuating circumstances, and an informal lottery system will be employed for remaining students based on availability on the desired campus. OASIS will notify you when the Office of Medical Education has uploaded your exemption request decision.

Requests received after the annual deadline will not be considered except in the case of emergent personal or medical issues and **are subject to capacity limitations**. In such cases, students have the option to request a temporary re-assignment to UVM Medical Center for an upcoming clerkship. To request a temporary exemption students will also need to complete and submit this form via OASIS.

**Name:** Click here to enter text. **Date Submitted/Uploaded to OASIS:** Click here to enter a date.

**Currently Assigned Campus**: [ ]  Connecticut [ ]  Vermont

**Requested Campus Assignment:** [ ]  Connecticut [ ]  Vermont

**Type of exemption requested:**

[ ]  Clerkship and Advanced Integration Levels

[ ]  Temporary, specify rotation: Click here to enter text.

**Check Applicable Grounds:**

 [ ]  I have a significant medical condition/disability that requires ongoing treatment locally or limits my ability to travel. (SAS accommodation letter required. Please note that [completed documentation](http://med.uvm.edu/docs/lcom_sas_siteexemptionform/medical-education-documents/student-affairs/lcom_sas_siteexemptionform.pdf) may take four weeks for review.)

 [ ]  I have a responsibility to provide care to a family member with a significant medical condition and changing campuses would positively address the issue.

☐ I am experiencing an articulable hardship that would make it impossible to continue in medical school if required to change campuses.

 Provide a brief explanation: Click or tap here to enter text.

☐ I am requesting to be included in the campus change lottery if there are open slots available in both directions for a switch. (You are not required to provide an explanation below).

**Decision:**

[ ]  Approved

[ ]  Denied

**Electronic Signature, Associate Dean for Students:** Click here to enter text.

**Decision Date:** Click here to enter a date.

**Review Notes** (*for office use only*): Click here to enter text.