

# Placement Change Request Form

Please complete the form in **BLOCK CAPITALS**

Forms with supporting evidence should be returned to the Placements team at the following email address:-

(CP2) [MS-CP2-admin@nottingham.ac.uk](mailto:MS-CP2-admin@nottingham.ac.uk)

(CP3) [MS-CP3-admin@nottingham.ac.uk](mailto:MS-CP3-admin@nottingham.ac.uk)

Full Name \_\_\_\_\_

Student ID \_\_\_\_\_

Current Phase **CP2/CP3** **\*Delete as appropriate**

Date of Application \_\_\_\_\_

Placement requested to be changed \_\_\_\_\_

Reason for Change Request – Please comment in the box below and indicate any supporting evidence you have:

Does this reason(s) adhere to the School of Medicine's special circumstance policy?

Do you have objective supporting evidence attached with this form (e.g. Doctors letter)?

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## For Office Use Only

Discussed in Clinical Sub-Dean Meeting? **Yes/No\***

Approved? **Yes/ No\***    Signed: \_\_\_\_\_ (Clinical Sub-Dean)

Further Action Required? **Yes/ No\***

If yes, please give further details

\_\_\_\_\_

Details of placement change if agreed

\_\_\_\_\_

Student notified of Decision on \_\_\_\_\_