

Block Change Form

This form should be remitted to the Clinical Coordinator in person or by email to cvm-clinicalcoordinator@ncsu.edu. If approvals are needed, they should be attached to the document.

Student Information

Name: _____

ID #: _____

Email Address: _____@ncsu.edu

Choose One _____ NCSU _____ Ross _____ SGU

Focus Area (NCSU only)

Clinician Scientist
 Epidemiology
 Equine
 Food Animal
 Lab Animal
 Mixed Animal
 Pathology
 Small Animal
 Small & Exotic Animal
 Zoological Medicine

Procedures

Students will not need Clinical Coordinator approval for block changes if they meet the following requirements:

- The student is not impacting the min/max listed in CRESS for the rotation.
- The student is making the request at least two blocks prior, i.e. if a student is looking to make a change to block 19, they must make the change by 5 PM on the last Friday of block 17.
- The student is approved for the rotation. If instructor approval for the course is required, a student should seek this permission before attempting to add a rotation.
- Making the changes will still ensure a student is meeting their graduation requirements.

Students will need CLINICAL Coordinator (by email or signature) approval if any of the following apply:

- The student is impacting the min/max listed in CRESS for the rotation. **Please note:** Students are NOT to email course coordinators or any other clinician regarding the minimum and/or maximum. This should only be in unavoidable circumstances out of the student's control. It must go through Student Services.
- The student is making the request after the 2 block prior deadline has passed.
- The absolute deadline for block changes will be the last Friday of two blocks prior, i.e. if a student is looking to change block 12, the absolute deadline will be the last Friday of block 10 at 5 PM.
- Students will not be permitted to make block changes to the upcoming block except in emergency situations.
- If they are adding to a block with no other students registered.

Reasoning

Please provide a brief reason for the change. *Note: reason will not negatively impact your ability to make the change(s).*

Changes

Student Name: _____

ID Number: _____

Block #	Course #	Course Name	Add	Drop	Coordinator's Signature (if required; email approval is acceptable)

Do not write below this line

Student Services Office

_____ Date the form was received by Student Services

_____ Time the form was received by Student Services (only needed if there are multiple requests in one day)

Clinical Coordinator

Please initial.

_____ Change(s) approved

_____ Change(s) denied. Reasoning: _____

_____ Change(s) used on this form

_____ Total change(s) used for the year (max of 6 per clinical year)

_____ Update(s) made on CRESS

_____ Update(s) made on verification spreadsheet

_____ Student notified

Scheduling Coordinator

Please initial.

_____ Change(s) made in MyPack Portal