Change of clinic request

This form is to be completed if you are requesting for a specific group or change of clinic already assigned for your course. This should be submitted to the clinic manager or head of campus.

Date Submitted	

Student Details

Name	
Email	
Phone	

Clinic Details

Campus	
Clinic Start date	

Changes requested

Please fill-in all the fields that are known. If unknown please indicate by listing “unknown”
A session is a 3.5hr block of clinic. A day is two sessions. A night is one session.

Date of session you will miss	Date of session you will make up

Office use only			
Received by		Date	
Please mark once date change is approved, entered on the roll and Booking system		approved	Roll Booking system