



Away Rotation Exemption Request

Student's Name: _____ Date: _____

I request approval to complete one additional away rotation (for a total of two) for the following reason:

- There is no home residency program in my intended specialty: _____
Specialty: _____
- There is a home residency program in my intended specialty and I have made a good faith effort to secure a rotation but have been unsuccessful: _____
Confirmation from Christie Hasegawa: _____
- I am undecided on specialty: _____
Specialties being considered: _____

Comments: _____

By my signature below, I hereby acknowledge that this information is complete and accurate. I also acknowledge that I may be asked to justify my decision to complete more than one away rotation during residency interviews.

Student Signature _____ Date _____

Registrar Signature _____
Approved _____ **Denied**

Notes: _____
