Type in the fields below, print out completed form, and sign. Scan and return your completed form to cahpadv@umn.edu. Questions? Contact CAHP Student Services: cahpadv@umn.edu

Performance Site Transfer Request
Occupational Therapy

Performance Site - Currently Assigned To:

Name: ____________________________
U of M ID Number: ________________
Program: ________________________

Performance Site - Request for Change To:

Effective Semester: ________________
Effective Year: ________________

Deadlines for Submission
Spring Deadline: November 15
Summer Deadline: April 1
Fall Deadline (current students only): July 15

All requests are reviewed based on your academic standing, space availability and individual circumstances. The Student Handbook for the Occupational Therapy programs provides information associated with the policy for performance site transfer requests.

Brief Summary - Reason for Request (max. 350 words)
This information will be considered in the event of multiple requests for limited spaces.

☐ Additional documentation included (optional)

☐ By checking this box, I certify that the above information is truthful and correct. This check box also serves as my official signature. I understand this form must be submitted via my U of M email account.

For Office Use Only:

☐ Request Approved ☐ Not Approved

Date Received: ____________________
Initials: ________________________

Program Director: ____________________ Date: ____________________

Comments: ______________________

Form location: N:\CenterAlliedHealth\CAHP\Forms
Updated in People Soft (if approved) and spreadsheet: Date/Initials
Last updated: 05/04/2018