



School of Podiatric Medicine
Foot and Ankle Institute

FAI/HSC Clinical Rotation Student Request Form

Today's Date: _____

Name: _____ TUID: _____

TUSPM Class (i.e. "4th year, c/o 2025"): _____

Module/Clinician(s) Affected (i.e. "Surgery – Drs. Van, Sansosti, Birdwell): _____

Requested Date(s): _____

**For no time deduction, must submit supporting documentation if you are formally representing TUSPM at a conference

Comments: _____

*All requests are considered pending until you receive email confirmation of approval from the
Medical Director's office.*