

**UT COLLEGE OF PHARMACY**

**P3/P4 Relocation Appeals Form**

**Reference: P3/P4 Relocation Appeals Policy (April 2011)**

**You MUST consult the P3/P4 Relocation Appeals Policy before completing this form and submitting your appeal.**

**DUE: January 15 of the P2 year**

**Final decisions will be communicated by late January of the P2 year**

*This form is the official mechanism by which these requests are considered. Personal statements may be attached. The submission of this form for either the P3 or P4 year in no way guarantees that the request will be granted. SIGN AND DATE THIS FORM ON THE 2<sup>ND</sup> PAGE.*

**Student Name:** \_\_\_\_\_

**UT EID:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**P3 Relocation Request**

**for the fall and spring semesters of the P3 year only per policy**

**I am requesting reassignment for the P3 year from \_\_\_\_\_ to \_\_\_\_\_**  
 (region assigned) (region requested)

for the following reason (please indicate all that apply):

- \_\_\_\_\_ I have been accepted to the Pharm.D./Ph.D. program.
- \_\_\_\_\_ I have been accepted to the Honors program.
- \_\_\_\_\_ I have been elected to an executive office in Pharmacy Council.
- \_\_\_\_\_ Personal circumstances

Briefly describe why you believe you need to be reassigned to the region requested above for the P3 year. Attach any documentation available to support this request. Only one set of documentation is needed if appealing for both P3 and P4 years. If you have been accepted to the Pharm.D./Ph.D. program or Honors program, please indicate your faculty supervisor.

**P4 relocation request is the second page of this form.**

for office use only	
class/laboratory considerations _____	R. Wilcox _____
IPPE considerations _____	B. McIntyre _____
final considerations _____	P. Davis _____

# P4 Relocation Request

*This portion of the form should only be completed by students who are appealing on the basis of personal circumstances. Pharmacy Council executive officers, Pharm.D./Ph.D. program students, and Honors program students may only appeal region assignment for the P3 year.*

*Students may be moved based on extenuating circumstances only. See the reasons below for examples.*

I am requesting reassignment for the P4 year from \_\_\_\_\_ to \_\_\_\_\_  
(region assigned) (region requested)

for the following reason (please indicate all that apply):

- \_\_\_\_\_ personal or dependent serious and chronic illness
- \_\_\_\_\_ dependents (dependent children or other relatives for whom you are their only support).
- \_\_\_\_\_ other (extenuating financial hardship, marital status, etc.)

Please use the space below to describe your extenuating circumstance. Please also attach any official documentation available to support your appeal.

*By signing this form, I attest that the information provided is truthful. I also attest that no money has exchanged or will exchange hands, nor that any type of coercion has occurred as a part of this appeal or anytime during my search for another regional slot. I realize that violation of these stipulations will result in my appeal being dismissed or overturned by the Region Assignment Committee or the dean, as well as other possible disciplinary action. Additionally, I submit this appeal realizing that another regional slot may NOT become available, and am making arrangements to accommodate my extenuating circumstances during the time I am participating in the P3 or P4 year in my assigned region.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please attach all supporting documentation to this form and submit to the Student Affairs Office.