

Student Rotation Information Form



Today's Date: _____ Confirmation Deadline: _____

Type of Request: Application Pre-Arranged by School Pre-Arranged with Provider

**All pre-arranged rotations will be confirmed by Faith Regional University.

STUDENT INFORMATION

Student First Name _____ Student Last Name _____ () - _____ List Any Previous Last Names: _____

Email Address _____ Phone Number _____ YES NO MAYBE/UNSURE

Mailing Address _____ Are you an FRHS/FRPS/FRSC Employee? NO

City _____ ST _____ ZIP _____ FORMER/DEPT: _____

Would you be willing to commute for the rotation if needed? YES NO MAYBE CURRENT/DEPT: _____

COLLEGE INFORMATION *FRHS/FRPS requires a current affiliation agreement with the college/university or other institution for all students.

College Name: _____ Advisor/Instructor: _____

City/ST: _____ Advisor Phone: () - _____

Program/Degree: _____ Advisor Email: _____

Anticipated Graduation Date: _____ College/Program Website: _____

REQUESTED ROTATION(S) INFORMATION

| Provider &/or Specialty | Required # of Hours | Rotation Start Date | Rotation End Date | Date Confirmation Needed by: |
|-------------------------|---------------------|---------------------|-------------------|------------------------------|
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STUDENT NARRATIVE

Please tell us a little more about yourself (Hometown/State; Why are you interested in Faith Regional? What are your career plans? What are your interests outside of 'work'?):

SUBMISSION INSTRUCTIONS

You may send completed form to:

FAX FRHS Education Dept.
Attn: Tori Moser
402-844-8127

MAIL FRHS Education Dept.
Attn: Tori Moser
109 N. 29th St.
Norfolk, NE 68701

EMAIL Tori Moser
tmoser@frhs.org