**Driscoll Children's Hospital**
**Student Scheduling Form**

School: _____
Discipline: _____
Instructor: _____
DCH Preceptor (leave blank if instructor-led): _____

| Office Use Only | | | | Schedule | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SR# | UN | **Student Roster** (last name, first) | **Unit** | ***Start Date*** | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | ***End Date*** |
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Special Notes to Student Scheduler:

***Please list shift times under the day of the week.***