

**STUDENT REQUEST FOR CONTRACT**

**DATE:** \_\_\_\_\_

**TO:** AHSC Contracting Office, P.O. Box 245171 or Fax (520) 626-6588

**FROM (prepared by):** Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

COM Department: \_\_\_\_\_

Responsible Faculty/ Administrator: \_\_\_\_\_

**PLEASE INITIATE AN: (check one)**

Affiliation Agreement –“AA” (Agreement with a site that is not mobile, i.e. Banner Good Samaritan)

Preceptor Agreement – “PA” (Agreement with one doctor in a Private Practice Clinic i.e. John Doe, M.D.)

Site Preceptor Agreement –“SPA” (Agreement with a site which requires mobility, i.e. Phx Orthopedic Group)

Other: (Please Explain) \_\_\_\_\_

**(Typically, most agreements will be Affiliation Agreements.)**

**WITH SITE (Provide complete legal name and address for the Site):**

\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please indicate if this is a rotation scheduled through:  VSAS  OTHER**

**SITE POINT OF CONTACT FOR CONTRACT (Name and Title):**

\_\_\_\_\_  
Address (If different from legal address above):

\_\_\_\_\_  
Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**ROTATION DATES:** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

(When will the rotation begin and end)

**SUPERVISOR’S NAME / TITLE:** \_\_\_\_\_

(If you do not know the supervisor please provide the department)

**Please provide any documentation regarding approval of the rotation as an attachment to this request form.**