

III. Program Total Capacity

Based on the requested change in clinical capacity of this facility, the program would like the program total capacity to Remain the same **OR** Increase by _____ students **OR** Decrease by _____ students

IV. Signature

The following signature constitutes a request for a change in clinical capacity of this facility and is accurate to the best of my knowledge.

Program Director Signature

I agree that typing my name qualifies as my signature.