



**CAMPBELL**  
UNIVERSITY

Jerry M. Wallace  
School of Osteopathic Medicine

Track swaps may only be made between two people in the same assigned region. This form must be completed, signed by both parties, and delivered electronically to Allie Schofield ([aschofield@campbell.edu](mailto:aschofield@campbell.edu)) by **Friday, December 19, 2025 at 5pm EST**. Late or incomplete forms will not be accepted.

Name: \_\_\_\_\_

Region Assigned: \_\_\_\_\_

Track Assigned: \_\_\_\_\_

Signature: \_\_\_\_\_

Person with Whom You are Swapping:

Name: \_\_\_\_\_

Region Assigned: \_\_\_\_\_

Track Assigned: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_

Allie Schofield  
Director of Clinical Affairs

Date: \_\_\_\_\_