



Faculty of Medicine Application for Intramural Elective Rotations for Medicine IV Students

ELECTIVE CHOICE*

First choice		Date	
Second choice		Date	

Student Name

_____ Last _____ First _____ Middle _____

_____ Email

_____ Date

Student's Signature _____

Hosting Department

Approved Not approved

On the first day of the rotation, the student should report to _____ at _____.
(place) (time)

_____ Name of Elective Coordinator

_____ Signature of Elective Coordinator

_____ Date

* Two electives in the same department are not allowed