



**VISITING MEDICAL STUDENT
ROTATION REQUEST FORM**

Contact Information

Student Name:			
School Email Address:			
Phone Number:		Gender:	

Medical School Information

Medical School Name:			
Coordinator's Name:			
Coordinator's Email:		Phone #:	
Will you be a 3rd or 4th year student at the time of rotation?			

Desired Rotation

Will this be an audition or elective rotation (choose one)?:	
Complex Score:	Will you need housing?
1st Choice Rotation (<i>select from drop-down menu</i>):	
2nd Choice Rotation (<i>select from drop-down menu</i>):	
* Please be advised the asterisk indicates either two week or four week rotation selection	

Rotation Dates (Monday - Sunday)

1ST CHOICE	Start Date:		End Date:	
2ND CHOICE	Start Date:		End Date:	
3RD CHOICE	Start Date:		End Date:	

Residency programs: The following electives cannot be scheduled July - December during Audition season: Emergency Medicine, Family Medicine, General Surgery, Neurology, Ophthalmology, Orthopedics, Otolaryngology, Podiatry, and Urology. Please be advised that auditions for the Obstetrics and Gynecology and Internal Medicine programs will extend until January.

EMAIL COMPLETED FORM to hfwrhstudentrotations@hfhs.org