



# Ascension Maccomb-Oakland Hospital

## 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? Choose Year			

### Desired Rotation

Will this be an audition or elective rotation (choose one)? Choose One	
Complex Score: Choose One	Will you need housing? Choose One
1st Choice Rotation ( <i>select from drop-down menu</i> ): Choose One	
2nd Choice Rotation ( <i>select from drop-down menu</i> ): Choose One	
If available, name of specific preceptor:	
<i>* Please note the asterisk indicates a two-week or four-week rotation offered</i>	

### Rotation Dates (Monday - Sunday)

<b>1ST CHOICE</b>	Start Date:		End Date:	
<b>2ND CHOICE</b>	Start Date:		End Date:	
<b>3RD CHOICE</b>	Start Date:		End Date:	

Residency programs: The following electives cannot be scheduled July - December during Audition season:  
Emergency Medicine, Family Medicine, General Surgery, Internal Medicine, Neurology, Obstetrics and Gynecology,  
Ophthalmology, Orthopedics, Otolaryngology, Podiatry, and Urology

**EMAIL COMPLETED FORM to [sjmostudentrotation@ascension.org](mailto:sjmostudentrotation@ascension.org)**