



**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)**

<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)**