



Ascension Macomb-Oakland Hospital

MEDICAL STUDENT ROTATION REQUEST FORM

Contact Information

Student Name:			
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)?:			
Comlex 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>):			
If available, name of specific preceptor:			
Preferred Location:			

Rotation Dates (Monday - Sunday)

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

EMAIL COMPLETED FORM to sjmostudentrotation@ascension.org