

Visiting Medical Student Clerkship Application

STUDENT INFORMATION			
Legal first, middle, last name:			
Mailing address:			
Phone Number:			
Emergency Contact: (name/relation/phone)			
DOB:			
ROTATION REQUEST			
<i>Preferences</i>	<i>Block</i>	<i>Course Name</i>	<i>Start – End Dates</i>
First Choice:			
Second Choice:			
Third Choice:			
MEDICAL EDUCATION			
Clerkship Coordinator Name:			
Clerkship Coordinator Email:			
Medical School, City, State:			
Date of Matriculation/Anticipated Graduation Date:			
Honors/Awards:			
Plan for Residency Training:			
ELECTIVES COMPLETED/PLANNED			
Completed Electives:			
Planned Electives:			
ADDITIONAL INFORMATION			
How did you hear about our program?			
Please explain why you are interested in a clerkship at THFW. (Use another sheet if necessary.)			
I certify that the information submitted in this application is complete and correct to the best of my knowledge.			
Applicant Signature & Date:			