



Instructions: Please choose one option and sign below. Either scan and email to j-banys@northwestern.edu or fax to Visiting Student Programs at 312-503-0715.

ROTATION CONFIRMATION ¹

From _____ (mm/dd/yy) to _____ (mm/dd/yy), I accept the rotation _____ (elective name) in the Department of _____ at Northwestern University Feinberg School of Medicine. I have read my acceptance letter and approved application and understand my first day responsibilities.

ROTATION CANCELLATION ²

I was accepted to do a _____ (elective name) elective in the Department of _____ at Northwestern University Feinberg School of Medicine from _____ (mm/dd/yy) to _____ (mm/dd/yy), but will be **unable** to participate.

ROTATION WITHDRAWAL

I was accepted to rotate in the Department of _____ at Northwestern University Feinberg School of Medicine, but I will be unable to complete my rotation. I started my _____ rotation (elective name) on _____ (mm/dd/yy), and am withdrawing on _____ (mm/dd/yy). I understand that my grade will result in an "Incomplete."

Student name: _____ (printed)

Student signature: _____ Date: _____

¹ *This form is required to secure your elective. It must be received within 4 weeks of notification of your acceptance. Failure to submit this form on time will result in being dropped from this and future rotations. Your school may also be notified. Osteopathic and International students must also submit tuition to secure the elective.*

² *This form is required to cancel an elective. It must be received within 4 weeks of notification of your acceptance. Failure to submit this form on time will result in being dropped from this and future rotations and your school will be notified.*

Office use only: Q:	SES:	DEPT:	VS:
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