

Northwestern University Feinberg School of Medicine
VISITING STUDENT ELECTIVE PROGRAM
2009-2010 Academic Year

Instructions: Please choose one option and sign below. Either mail to the address below **or** fax to Visiting Student Programs at 312-503-0715.

ROTATION CONFIRMATION*

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*

I was accepted to do a _____ rotation 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: _____

****This form is due no later than 4 weeks before your intended start date.***

Visiting Student Programs
Northwestern University Feinberg School of Medicine
Augusta Webster Office of Medical Education
303 East Chicago Avenue, Ward 1-003
Chicago, IL 60611 USA

Office use only:

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