

Global Partner Rotation Confirmation Form

Instructions: Please fill out the form below and email to visitingstudents@northwestern.edu or fax to 312/503-0715.

Student name: _____ (printed)

By submitting this form I am accepting the offer of the following clinical rotation(s):

_____ (elective 1 name)

from _____ (mm/dd/yy) to _____ (mm/dd/yy)

(if accepting a second rotation)

_____ (elective 2 name)

from _____ (mm/dd/yy) to _____ (mm/dd/yy).

I have read my acceptance email and have reviewed the mandatory reading sections for accepted students on the website.

Signature of Student: _____ Date: _____