

Augusta Webster, MD, Office of Medical Education Visiting Students' Program



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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 for	m I am accepting the offer of the fo	ollowing clinical rotation(s):
		(elective 1 name)
from	(mm/dd/yy) to	(mm/dd/yy)
(if accepting a second	l rotation)	
		(elective 2 name)
from	(mm/dd/yy) to	(mm/dd/yy).
I have read my acco		I the mandatory reading sections for
Signature of Student:		Date: