Northwestern University Feinberg School of Medicine
VISITING STUDENT ELECTIVE PROGRAM
2017-2018 Academic Year

Instructions: Please choose one option and sign below. Either scan and email to visitingstudents@northwestern.edu or fax to the Visiting Student Programs Office 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 ________________________ (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.

2 This form is required to cancel an elective. It must be received no later than 8 weeks prior to your start date. Failure to submit this form on time will result in being dropped from this and future rotations and your school will be notified.