

## Global Partner Rotation Confirmation Form

**Instructions:** Please fill out the form below and email to [anna-kate@northwestern.edu](mailto:anna-kate@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: \_\_\_\_\_