



Undergraduate Medical Education Department

2021-2022 Elective Request Form

Full Name: _____ Phone: _____

E-mail Address: _____

Medical School: _____

Select one elective rotation of interest. A separate form must be submitted for each additional elective request.

Ambulatory	Anesthesia	Cardiology
Emergency Medicine (Catskills)	Emergency Medicine (Middletown)	Family Medicine
Gastroenterology	General Surgery	ICU
Infectious Disease	Internal Medicine (Catskills)	Internal Medicine (Middletown)
Nephrology	Neurology	NICU - 2 weeks
Oncology	Palliative Care - 4 weeks	Pathology - 2 weeks
Pediatrics	Physical Medicine	Psychiatry (Catskills)
Psychiatry (Middletown)	Pulmonology	Radiology - 2 weeks
Radiation Oncology	Research	Sports Medicine/ Rehab

Other: _____

Requested dates in order of preference: First choice: From _____ To _____

Second Choice: From _____ To _____

Please note that this form must be completed within 4 weeks before the request date.

Please return completed form to UGME@ghvhs.org.

If there are further questions or concerns please email UGME@ghvhs.org.