



Garnet Health

Undergraduate Medical Education Elective Request Form

First and Last Name: _____ Phone: _____

Email address: _____ 3rd Year 4th Year

Medical School: _____

Directions: Select **ONE** elective rotation of interest. Please complete and submit a separate form for each additional elective request.

Note: All requests must be submitted no earlier than three (3) months and no later than one (1) month prior to the requested rotation dates.

Requested dates in order of preference		
First Choice:	Second Choice:	
Start date:	End date:	Start date: End date:
Electives (select ONE)		
Anesthesia	Hospice and Palliative Care Medicine	Psychiatry
Cardiology	Infectious Disease	Pulmonology
Diagnostic Radiology	Internal medicine/ICU (complete application on IM webpage. 4th year students only)	Research
Emergency Medicine	Interventional Radiology	Rheumatology*
Endocrinology	Nephrology	Surgery
Family Medicine	Neurology	Urgent Care
Gastroenterology	Orthopedics	Other: (indicate below)
Hematology/Oncology	Physical Medicine and Rehabilitation	

*not offered for the current academic year

Please email the completed form and/or questions to

MedicalEducation@garnethealth.org.