



# Garnet Health

## Undergraduate Medical Education Elective Request Form

First and Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ 3<sup>rd</sup> Year 4<sup>th</sup> 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 <b>ONE</b> )		
Anesthesia	Hospice and Palliative Care Medicine*	Psychiatry
Cardiology	Infectious Disease	Pulmonology
Diagnostic Radiology*	Internal medicine/ICU ( <b>complete application on IM webpage. 4th year students only</b> )	Research*
Emergency Medicine	Interventional Radiology*	Ultrasound
Pediatrics	Nephrology	Surgery
Family Medicine	Neurology	Urgent Care
Gastroenterology	Orthopedics	Other: (indicate below)
Pathology*	Physical Medicine and Rehabilitation*	

\*not offered for the current academic year

Please email the completed form and/or questions to [MedicalEducation@garnethealth.org](mailto:MedicalEducation@garnethealth.org).