



ARROWHEAD REGIONAL MEDICAL CENTER
Office of Graduate Medical Education

MEDICAL STUDENT ROTATION REQUEST

Please complete this form to request your rotation.
All requests MUST be submitted on or after the open application date.
Once your request is processed, you will be notified via email if your request has been approved or denied.
ROTATIONS ARE SUBJECT TO CANCELLATION IF YOUR SCHOOL PAPERWORK IS NOT RECEIVED.

ONE REQUEST PER APPLICATION

TODAY'S DATE: _____

PERSONAL INFORMATION

Form with fields: Name, Home Address, MSIV checkbox, DOB, Last 4-Digits SSN, Email, Contact Phone.

MEDICAL SCHOOL INFORMATION

Form with fields: School Name / Campus, School Coordinator, Coordinator's Email.

ROTATION REQUESTED:

Form with MSIV checkbox and options: Emergency Medicine, Family Med. - Inpatient, Family Med. - Outpatient, Psychiatry (Audition Only).

Will this Rotation be a/an: Elective SUB-I Audition

Days Off Needed: _____

(Ex: Board Exams, Campus Days, etc., NO HOLIDAYS. All days off requested are PENDING APPROVAL)

ROTATION DATES REQUESTED:

Rotations start every Monday and 4 weeks long.
If your 1st choice of rotation dates is unavailable; your 2nd and 3rd choices will be considered.

Form with fields: 1st, 2nd, 3rd rotation dates.

COMPLETE AND RETURN APPLICATION TO: Medical Student Coordinator at medstudents@armc.sbcounty.gov

BELOW FOR OFFICE USE ONLY:

(UCR)
Date Request Received by GME: _____

Approved: YES \ NO