

**MEDICAL STUDENT  
ROTATION REQUEST FORM**

UPMC Hamot

<b>STUDENT INFORMATION</b>		<b>Today's Date:</b> _____
First Name:	Middle Initial:	Last Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone number:	
School:	Expected Graduation Year:	
E-Mail Address:		
Previous rotation at Hamot? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		
Housing Needed?* <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>ROTATION INFORMATION</b>		
<b>1<sup>st</sup> Choice:</b> _____	Is this an audition rotation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Rotation Dates: ____/____/____ to ____/____/____		
Additional information (if any):		
For internal use only Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2<sup>nd</sup> Choice:</b> _____	Is this an audition rotation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Rotation Dates: ____/____/____ to ____/____/____		
Additional information (if any):		
For internal use only Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No		

\*From June 1 to January 31, housing is offered **only** to auditioning students.