



Medical Student Rotation Request

Rotation Application

Contact Information

Name: _____

Medical School: _____

Email: _____

DOB: _____

Anticipated Date of Graduation: _____

COMLEX/USMLE Scores (include all scores if taken more than once):

In brief, please explain why you would like to rotate at Kent.

Audition Rotation(s) Request

List the date(s) in order of preference:

1st Choice: _____ to _____

2nd Choice: _____ to _____

***Please submit a copy of your CV with this form.**

GME Coordinator

Alisha Lima | allima@kentri.org | (401) 737-7000 x 35642