



# 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:**    **Family Medicine**    **Internal Medicine**    **Podiatry**    **Emergency Medicine**

**Elective Choice** :(non audition rotation)

1st Choice: \_\_\_\_\_ to \_\_\_\_\_

2nd Choice: \_\_\_\_\_ to \_\_\_\_\_

**\*Please submit a copy of your CV with this form to respective coordinator below:**

Becky Gaumitz (Internal Medicine & Electives) rgaumitz@kentri.org

Alisha Lima (Family & Emergency Medicine) allima@kentri.org

Sharon Amato (Podiatry) samato@kentri.org