



Swedish Covenant Hospital
The science of feeling better

OUT OF STATE STUDENT ROTATION REQUEST FORM

DATE: _____

NAME: _____ MS 3 MS4

MEDICAL SCHOOL: _____

DATES OF ROTATION: _____

ROTATION: _____

Please list what Complex Exams and pass/fail you have taken:

Complex 1 _____ Complex 2 CE _____ Complex 2 PE _____ Complex 3 _____

Why are you applying for this rotation? What is your interest in Swedish Covenant Hospital?

TO BE COMPLETED BY MEDICAL SCHOOL

Please verify that student above is currently in good academic standing at your institution.

Please place school seal

here to verify information

Authorizing School Official

Date

above is valid

TO BE COMPLETED BY SWEDISH COVENANT HOSPITAL:

_____ APPROVED _____ DENIED

DOCUMENTS PROCESSED:

Malpractice _____

Medical Education Dept Representative

Immunizations _____

Letter of Good Standing _____