



Undergraduate Medical Education Department

2022-2023 Elective Request Form

Full Name: _____ Phone: _____

E-mail Address: _____

Medical School: _____ 3rd yr 4th yr

Select one elective rotation of interest. A separate form must be submitted for each additional elective request. Please note all request must be submitted in a 3-month time frame.

Table with 3 columns and 7 rows of elective rotation options, each with a radio button. Options include Anesthesia, Cardiology, Emergency Medicine (Catskill), Emergency Medicine (Middletown), Family Medicine, Gastroenterology, General Surgery, Nephrology, IM/ICU rotations, Neurology, Hematology-Oncology, Palliative Care - 4 weeks, Pathology - 2 weeks, Psychiatry (Middletown), Pulmonology, Radiology - 2 weeks, Rad Oncology, and Research.

Other: _____

Requested dates in order of preference: First choice: From _____ To _____

Second Choice: From _____ To _____

Please note that this form must be completed within 4 weeks before the request date.

Please return completed form to MedicalEducation@garnethealth.org

If there are further questions or concerns please email

MedicalEducation@garnethealth.org.