



4<sup>th</sup> YEAR MEDICAL STUDENT APPLICATION  
 (for elective rotations and sub-I's)  
 This application is for NON Jefferson students only.

GME Director Approval/Date \_\_\_\_\_

Thank you for your interest in visiting us at AI duPont Hospital for Children in Wilmington, Delaware. Please complete this application at least 8 weeks prior to your rotation beginning.

**Student Information**

**Student's Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Initial:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone:  
( ) - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_

Gender: \_\_\_\_\_

Student's e-mail address: \_\_\_\_\_

**Medical School Information**

**Medical School:** \_\_\_\_\_

**Name of School Official to contact:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office Phone:  
( ) - \_\_\_\_\_

E-mail: \_\_\_\_\_

List (in order of preference) your requested rotation(s).

	Rotation	Assignment Dates - From-To
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please e-mail or fax completed form to Cindy Chuidian  
[cchuidia@nemours.org](mailto:cchuidia@nemours.org) or 302-651-5954

For Office Use: \_\_\_\_\_

Rotation Assigned \_\_\_\_\_ Division Chair \_\_\_\_\_