

**ELECTIVE / SELECTIVE APPLICATION**

(must be submitted 30 days in advance)

**Resident Name:** \_\_\_\_\_

**Rotation Dates:** \_\_\_\_\_

**Rotation Requested:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Faculty Mentor:** \_\_\_\_\_

**Goals of Coursework:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**Signature of Supervising Staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Resident:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Austin Metting, MD**

**Program Director :** \_\_\_\_\_

**Chief Initials:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_