

NORTHWEST SCHOOL OF MEDICINE ELECTIVES APPLICATION FORM

Personal Information

Name:

Email:

Phone:

Current Mailing Address:

City:

State/Province:

Country:

Zip/Postal Code:

Academic Information

Current Medical School:

Year of Study:

Expected Graduation Date:

Elective Information: Rank your speciality priority (students will be placed in order of their ranking priority subject to availability of elective placement in the chosen speciality).

1. Elective Choice 1:
2. Elective Choice 2:
3. Elective Choice 3:
4. Elective Choice 4:
5. Elective Choice 5:

Additional Information

Please answer the following questions in 100-200 words:

1. Why do you want to take these electives?
2. What are your career goals in medicine?
3. Have you completed any relevant coursework or clinical rotations related to the electives you are applying for?

References

Please provide two letters of recommendation

Submit your Application

Agreement: By submitting this application, I confirm that all information provided is accurate and complete to the best of my knowledge. I understand that incomplete applications will not be considered.

*Students of Northwest School of Medicine please contact the Electives Officer at DERIL for application process and further information.