

**Advocate Lutheran General Hospital**  
**Department of Obstetrics & Gynecology-Fourth Year Elective Application**

**Part I** - (Completed by applicant)

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

- Elective Requested:
- Maternal Fetal Medicine
  - Night Float
  - Gynecological Oncology
  - Minimally Invasive Gynecology
  - Uro Gynecology

Dates of Elective (electives are 4 weeks in length by month): \_\_\_\_\_

Prior Rotations/Electives at Advocate Lutheran General Hospital:

Please provide a brief statement describing your interest/intention in acquiring more experience in the requested subspecialty.

USMLE I Pass on first try or II 220 min/COMLEX I 500 min or II 520 min Scores \_\_\_\_\_

Letter of Recommendation (ON LETTERHEAD) required from Clerkship Director or Faculty from OB clerkship: Date Received: \_\_\_\_\_

**Part II** - (Completed by Division Director/Ob-Gyn office)

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

Application Accepted

Application Denied

Student Notified

\_\_\_\_\_  
Division Director/Chair Signature

**Instructions:** Please complete **Part I** of this form and return to the Medical Student Office by email, [LGH-M4RotationScheduling@aah.org](mailto:LGH-M4RotationScheduling@aah.org).