

Advocate Lutheran General Hospital
Department of Psychiatry M4 Elective Application

Name: _____ Contact Number: _____

Email Address: _____

Medical School: _____

Requested Elective Date(s), with top preference listed first (all rotations are 4 weeks)

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Prior Rotations at Advocate Lutheran General Hospital:

Please provide a brief statement describing your interest/intention in attending this elective: _____

Please list any languages spoken fluently besides English: _____

Previous USMLE or COMLEX exams which did not receive passing grade Yes ___ No ___

Please include the following documents with this form:

1. A copy of your medical school transcript
2. A copy of your USMLE and/or COMLEX board transcripts (letter from the registrar will suffice if it lists every attempt and score)