



**SENIOR STUDENT ELECTIVE APPLICATION**

Due to a limited number of rotation slots, not all applications are approved. Once your application is reviewed, you will be contacted on the approval status.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Medical School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Citizenship: \_\_\_\_\_  Male  Female

**Electives currently offered (choose one):**

- Family Medicine Inpatient Service (Memorial Hermann Southwest Hospital) - 4 weeks
- Ambulatory (Physicians at Sugar Creek clinic) - 4 weeks
- Combined: Inpatient - 2 weeks / Ambulatory - 2 weeks

**List choices of dates in order of preference:**

1) \_\_\_\_\_ to \_\_\_\_\_ 2) \_\_\_\_\_ to \_\_\_\_\_ 3) \_\_\_\_\_ to \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY DEAN OR AUTHORIZED OFFICIAL AT STUDENT'S SCHOOL**

**Please send a letter on school letterhead with the following information:**

- 1) This student is in good standing at this institution and is authorized to take this elective
- 2) This student should have all clinical core rotations completed
- 3) Include a copy of the declarations page of school's malpractice insurance that covers the student while away from school
- 4) Include one letter of recommendation from a family medicine faculty member
- 5) Include USMLE Step 1 or COMLEX Level 1 score report
- 6) Include current immunization record

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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*Please mail, fax, or email completed application with all supporting documents to:*

Memorial Family Medicine Residency Program  
Residency Coordinator  
14023 Southwest Freeway  
Sugar Land, TX 77478-3550  
Fax: 281-325-4292  
[memfpadmit@memorialhermann.org](mailto:memfpadmit@memorialhermann.org)