University of Minnesota Medical Scientist Training Program (MD/PhD) MS2 Summer Clinical Rotation Registration

Student Name		Term	Year Ur	niversity ID
Indicate which rotation(s) you are interested in registering for during the summer after completion of MS2. Information about clerkships can be found on the Medical School Years 3&4 homepage . Please note that every effort will be made to register you for your first choice, however there is no guarantee of site availability.				
Choose from the following required clinical rotations:				
Surgery (6 weeks) OB/GYN (6 weeks) Psychiatry (6 weeks) Medicine I (8 weeks) Pediatrics (6 weeks) Neurology (4 weeks)				
Rotation	Period	1 st choice location	2 nd choice location	3 rd choice location
		1		
I will not register for a clinical rotation at the end of MS2.				
	Signature	Р	rinted Name	Date
Reason for not registering:				