

Student Doctor Rotation Application

Application Information

Full Name

Address

City, State, and Zip

Phone

Email

Hometown, State

Connection to Northeast MS

Rotation Request

Rotation Request: ☐ Audition ☐ 4th Year Elective Field of Interest: ☐ Internal Medicine ☐ Emergency Medicine

Discipline:

1st Choice Start Date

End Date

2nd Choice Start Date

End Date

Briefly describe your
career plans.

Why are you interested
in doing one or more
rotations at MRHC?

Are you considering practicing in the North Mississippi Area? ☐ Yes ☐ No

Please attach:

☐ CV

☐ Personal Statement

☐ Transcript

Education Information

Medical School Enrolled In

Undergrad Completed

Scores

USMLE/COMLEX

PE/CS

Please return to Wendy Hurley, UME Manager
Email: WHurley@mrhc.org