

Medical Education Student Elective Application
Applicant Information
Name:
Current Mailing Address:
City:
State:
Zip:
DOB:
SSN (Required by HR):
Cell phone:
Email Address:
Please attach a headshot here to be used for a badge (or attach to the email when you submit this application):
Educational Information
Undergraduate School:
Medical School:
Mailing Address:
City:
State:
Zip:
School Contact Person Name and Phone Number:
Expected Date of Graduation:
Have you taken the USMLE Step One? If so, please indicate your score:
Elective Information
Elective Requested
**Please Rank Choices
from 1-3**
Emergency Medicine
Family Medicine in the Community Hospital
Rural Family Medicine
Pediatrics: General PICU

Surgery: General Cardiothoracic Trauma Oncological Vascular Orthopedic Plastic

Internal Medicine
OB/GYN
Psychiatry
Other Elective Request:
Other Elective Request:
Other Elective Request:
Clinical Rotation Dates
First Choice
Second Choice
Third Choice
Why are you interested in completing an elective at Spartanburg Regional?
What is your primary residency interest?
Please list medical school courses or rotations for which you have received the grade of honors (or equivalent):
Student Signature
Signature of Applicant:
Date: