

Forrest General Hospital Family Medicine Rotation Application

1. Name:

2. Hometown:

3. Medical School:

4. Specialty Interest:

5. Desired Month/Dates for Rotation:

6. GPA: _____

Class Rank (if known): _____

Some schools may use class rank in lieu of GPA.

7. COMLEX/USMLE 1:

1st Attempt: _____

2nd Attempt (if applicable): _____

3rd Attempt (if applicable): _____

8. COMLEX/USMLE 2:

1st Attempt: _____

2nd Attempt (if applicable): _____

3rd Attempt (if applicable): _____

9. Have you ever had any absences greater than 6 months from medical school? If yes, please explain.

10. What interests you most about our program?
