**Student Summary Sheet**

Please complete this form with the requested information and send it to the appropriate person(s) at your sitevia

e-mail *at least two weeks* before the start date of your rotation—as identified in the Site Description.

**Housing Needs:**

*Please contact us if housing needs have changed after submitting your initial housing survey i.e. accompanying spouse/children/etc.*

|  |  |
| --- | --- |
| **Your Name: First and Last** | **Clerkship Site:** |
| **Your Middle Name:** |  |
| **Address:** | **Clerkship Dates:** |
|  |  |
| **Phone AND best E-Mail Address to reach you:** | **Pager:** |
|  |  |

**First Year spent at (please circle one): Madigan and Whitefish Students only:**

UW WSU UWY UA UI MSU Soc Sec. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*\*\*Use for secure purposes only.\*\*\*\*

**Education Information:**

|  |
| --- |
| College/Major/Degree |
| 1. |
| 2. |
| 3. |
| Major Clerkships Completed: |
|  |

**Ambulatory Experience:** (includes clerkship or course name and number of weeks/hours spent in ambulatory care):

|  |
| --- |
|  |

**Personal Information**

*Your site would like to get to know you as a person. Please provide the following information. This information will not be reflected in the faculty’s evaluation of you.*

|  |  |
| --- | --- |
| **Birth Place:** | **Other places you have lived:** |
|  |  |
| **Places you have traveled:** | **Hobbies/Interest/Recreation:** |
|  |  |

**Short and Long Term Career Plans:**

|  |
| --- |
|  |

**Future goals outside of medicine:**

|  |
| --- |
|  |

**Your expectations of this rotation:**

|  |
| --- |
|  |

**Is there anything else you would like to add?**

|  |
| --- |
|  |