**Student Summary Sheet**

Please complete this form with the requested information and send it to the appropriate person(s) at your sitevia email **at least two weeks** before the start date of your rotation.

**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, Last, Middle and Preferred Pronoun):** | **Clerkship Site:** |
|  |  |
| **Address:** | **Clerkship Dates:** |
|  |  |
| **Phone and Best Email Address:** | **Pager:** |
|  |  |

**First Year Spent At (circle/highlight 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?**

|  |
| --- |
|  |