**Internship Training Program**

**ELECTIVE APPLICATION**

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| --- | --- | --- | --- |
| Full Name: |  | College ID No.: |  |
| Job ID No.: |  |
| Rotation during which Elective is to be taken: |  | Hospital: |  |
| Date: |  | Intern`s Signature: |  |

|  |
| --- |
| **I have the agreement of the undersigned to complete an Elective Rotation in:** |
| Elective Rotation: |  | Hospital: |  |
| From:  |  | To: |  |

|  |  |  |
| --- | --- | --- |
| (1) No objection from original rotation: | Dr. | Signature: |
| (2) No objection from Elective supervisor:  | Dr. | Signature: |
| (3) Final Approval of Assistant Dean of Training & Community Service: |  | Signature: |

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Please Note:

1. The completed form should be forwarded to Internship Office (E-mail Address: interns.medtcs@gmail.com).
2. Interns may take a maximum of 1-month as elective during any one rotation in the same hospital.
3. Interns may not take annual leave during an elective rotation.