



Rotation Request for Pediatric Shadowing Students

West Virginia University Department of Pediatrics

Name of Applicant: _____

Please Check One:

_____ I am currently an undergraduate student at West Virginia University

_____ I am currently an undergraduate at another university. Please specify: _____

_____ I am currently a high school student. Please specify: _____

Dates Requested to Rotate: _____

Requested Number of Days to Observe: _____

Please rank the following rotations in order of interest. Rotations will be assigned on a first come first serve basis.

_____ Critical Care

_____ Endocrine

_____ General Pediatrics Inpatient

_____ General Pediatrics Outpatient

_____ Hematology/Oncology

_____ Infectious Disease

_____ Nephrology

_____ Neurology