

Change of elective form

Resident: _____

Date: _____

Month: _____

Release from Scheduled Elective

To:

Dr. _____ Chief, Division of _____

(KCH, VA, or SUH)

I am currently scheduled to do an elective in your department in the month of _____. I am requesting to be released from this rotation. Please indicate your approval by signing below

Requested Elective

To:

Dr. _____ Chief, Division of _____

(KCH, VA, or SUH)

As is written above, I have been released from a scheduled elective, and I would like to spend that month on rotation in your division. Please indicate your approval by signing below.
