



**Rotation Request for Pediatric Shadowing Students**

**West Virginia University Department of Pediatrics**

Name of Applicant: \_\_\_\_\_

Dates Requested to Rotate: \_\_\_\_\_

Requested Number of weeks to Observe: \_\_\_\_\_

Please rank the following rotations in order of interest.

\_\_\_\_\_ Critical Care

\_\_\_\_\_ Endocrine

\_\_\_\_\_ General Pediatrics Inpatient

\_\_\_\_\_ General Pediatrics Outpatient

\_\_\_\_\_ Hematology/Oncology

\_\_\_\_\_ Infectious Disease

\_\_\_\_\_ Nephrology