



Albert Einstein College of Medicine

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Clerkship Rotation Track Exchange Form (MD)

Submissions with inaccurate information will be invalidated.

Student #1

Name (print): _____

Assigned Track: _____

Student #2

Name (print): _____

Assigned Track: _____

We agree to exchange our third-year track rotations:

Student #1 Signature: _____

Date: _____

Student #2 Signature: _____

Date: _____

*****REGISTRAR USE ONLY*****

Date Received: _____

Date Approved: _____

Initials: _____