



Albert Einstein College of Medicine

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# Clerkship Rotation Track Exchange Form

**\*\*Submissions with inaccurate information will be invalidated\*\***

### Student #1

Name (print): \_\_\_\_\_

Assigned Track: \_\_\_\_\_

### Student #2

Name (print): \_\_\_\_\_

Assigned Track: \_\_\_\_\_

**We agree to exchange our complete third-year track rotations.**

Student #1 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student #2 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Initials: \_\_\_\_\_