



NORWALK HOSPITAL
DEPARTMENT OF MEDICINE
MAPLE STREET
NORWALK, CT 06856
(203) 852-2375

APPLICATION FOR CLERKSHIP/SUBINTERNSHIP

NAME _____
(last) (first) (Middle)

PRESENT ADDRESS: _____
(while in Norwalk)

TELEPHONE #: _____ () _____ - _____

HOME ADDRESS: _____

TELEPHONE #: _____ () _____ - _____

SEX: M F STATE OF HEALTH: _____

PRE-MEDICAL COLLEGE: _____

DEGREE: _____

MEDICAL SCHOOL: _____

DATE OF GRADUATION: _____

PREVIOUS HOSPITAL EXPERIENCES: _____

TYPE OF CLERKSHIP DESIRED: _____

FOR CREDIT: Yes No

LENGTH OF CLERKSHIP DESIRED: _____

DATES PREFERRED: Choice #1 _____

Choice #2 _____

LIVING QUARTERS DESIRED DURING CLERKSHIP: Yes No

Please list the name of the Dean of your medical school who will confirm your status there:

Dr. Cathy Lazarus Chicago Medical School, 3333 Green Bay Road
Senior Associate Dean (name & address) North Chicago, IL 60064