## PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE

## STUDENT PROFILE Fourth-Year Primary Care Electives PCMED 741, 742, 743, 744, 745, 746

Please complete this questionnaire and return it to the course coordinator (Room C1613). This gathers introductory information about yourself and will be sent to your preceptor before you begin your elective.

Name: Last	First	MI	
Current Address:			
Current phone #: Home phone #: Gender:Female		PSU Email Address:Student Mailbox #:Si	
CLASS OF:	_ UNDERGRADUAT	ΓE EDUCATION:	
	Name of School: _		Degree:
	G YOUR ELECTIVE EXPER	D LIKE TO EXPLORE OR DIS IENCE (Adolescent Medicine	
WHAT CLINICAL EDELECTIVE?	OUCATIONAL EXPERIENCE	ES HAVE YOU HAD BEFORI	E BEGINNING THIS
PERSONAL LIFE, HC		JS WORK EXPERIENCE, FA TS, ETC. THAT YOU WOULI N.	