



## Visiting Student Rotation Application

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Medical School: \_\_\_\_\_

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

Expected Graduation Date: \_\_\_\_\_

Race/Ethnicity\*:  African-American

Hispanic  Native American  Pacific

Islander  Alaska Native

Other: \_\_\_\_\_

*\*Check all that apply*

USMLE Step 1 Score: \_\_\_\_\_

USMLE Step 2 CK Score (If applicable): \_\_\_\_\_

I am applying to an away rotation for the following department or program (Please circle one):

- Anesthesiology
- Diagnostic Radiology & Interventional Radiology
- Emergency Medicine
- General Surgery
- Neurology
- Neurosurgery
- Obstetrics & Gynecology
- Otolaryngology
- Pediatrics
- Physical Medicine & Rehabilitation
- Psychiatry
- Urology