

Department of Medicine Medical Student Visiting-Rotation Application Form

1. Name: _____
2. Education:
 - a. Undergraduate: _____ Degree: _____
 - b. Medical School: _____
 - i. Expected degree: _____ Date: _____
 - c. Other graduate school: _____
 - i. Degree: _____ Date: _____
3. Grades on core clerkships (Write "N/A" if rotation not yet completed):
 - a. Internal Medicine: _____
 - b. Pediatrics: _____
 - c. Surgery: _____
 - d. OB/GYN: _____
 - e. Psychiatry: _____
 - f. Family Medicine: _____
 - g. Neurology: _____
4. USMLE Step 1 score (3-digit score): _____