

# School of Medicine

*University of Missouri Health System*



## Visiting Student Diversity Program Supplemental Application Form 2019-2020

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

What City and State do you call home? \_\_\_\_\_

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

Medical School: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

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

Rank your choices #1-3 for the 4 week rotation:

\_\_\_ July 15<sup>th</sup>-Aug 9<sup>th</sup>, 2019(15b)

\_\_\_ Nov 4<sup>th</sup>-Nov 27<sup>th</sup>, 2020 (17b)

\_\_\_ Aug 12<sup>th</sup>-Sep 6<sup>th</sup>, 2019(16a)

\_\_\_ Dec 2<sup>nd</sup>-Jan 3<sup>rd</sup>, 2020(18a)

\_\_\_ Sep 9<sup>th</sup>-Oct 4<sup>th</sup>, 2019(16b)

\_\_\_ Jan 6<sup>th</sup>-Jan 31<sup>st</sup>, 2020(18b)

\_\_\_ Oct 7<sup>th</sup>- Nov 1<sup>st</sup>, 2019(17a)

\_\_\_ Feb 3<sup>rd</sup>- Feb 28<sup>th</sup>, 2020(19a)

Department of interest: \_\_\_\_\_

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At the University of Missouri School of Medicine we value the educational benefit that a diverse academic environment provides. Briefly tell us why you are interested in this opportunity and what diversity you can bring to your chosen clinical specialty and the University. (300 words or less)