Funded Visiting Elective Program for Students Underrepresented in Medicine
INFORMATION SHEET - 2016

Name: ___________________________________________ Date: ___________________________
   Last                        First                        M.I.

Address: ____________________________________________________________
   Street ______________________________ City/State/Zip Code

Phone: ___________________________ Email: ________________________________

Medical School: ______________________________________________________

Race/Ethnicity: ______________________________________________________________________

Gender: _______________________ USMLE Step 1 Score: ________

Department of Interest: ____________________________________________

Elective Block of Interest:     ☐ July 25 – August 21 (DUE DATE – 6/10)
                                ☐ August 22 – September 18 (DUE DATE – 7/8)
                                ☐ September 26 – October 23 (DUE DATE – 8/12)
                                ☐ October 24 – November 20 (DUE DATE – 9/9)

Please also send the following:
       ☐ Curriculum Vitae
       ☐ Personal Statement – please describe your career goals/interests (1-page)
       ☐ Official medical school transcript
       ☐ One letter of recommendation

Please send all materials/documents to:

Mail:          Mason Patenaude, LMSW
               Office of Diversity Affairs
               577 1st Avenue
               Room 108
               New York, NY 10016

Email: Mason.patenaude@nyumc.org

ALL MATERIALS MUST BE RECEIVED BY THE DEADLINE AS SPECIFIED FOR CONSIDERATION OF THE ELECTIVE.