SCORE
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): _____________________________