

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 and/or Pass/Fail): _____