

# 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): \_\_\_\_\_