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| **Name (Last, First):**  |
| **Preferred Name:**  |
| **Address:**  |
| **Email Address:** | **Phone Number:** |
| **Gender:** [ ] Male [ ] Female [ ] Nonbinary [ ] Decline to Answer  |
| **Race:** [ ] White [ ] Black or African American[ ] Asian [ ] American Indian or Alaska Native [ ] Native Hawaiian or Other Pacific Islander [ ] Decline to Answer  |
| **Ethnicity:** [ ] Not Hispanic or Latino [ ] Hispanic or Latino[ ] Decline to Answer |
| **Medical School:**  | **Expected Date of Graduation:** |
| **Have you completed and passed Step 1:** [ ] Yes [ ] No |
|  **Department in which you will be completing Visiting Elective:**Department of Medical Imaging (Radiology) |

**COMPLETED APPLICATIONS WILL ADDITIONALLY INCLUDE THE FOLLOWING:**

* Brief statement (500-word limit) that describes interest in attending the University of Arizona, explains how student views themself as under-represented in medicine and demonstrates commitment to diversity, equity and inclusion
* One letter of recommendation from a clinical faculty member
* Curriculum Vitae
* Letter of good standing from accredited medical/osteopathic school
* Official medical school transcript