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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 LatinoDecline 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
* Logo

  Description automatically generated with medium confidenceOfficial medical school transcript