

## Diversity Programs

## VISITING ELECTIVE PROGRAM- APPLICATION INSTRUCTIONS

Thank you for your interest in the Office of Diversity Programs (ODP) Visiting Elective Program. Because there are multiple components for this application, our office has put together this brief chart showing each component needed for a complete application, and where to submit each one.

To email materials to our office, please use this email address:

[medschooldiversity@wusm.wustl.edu](mailto:medschooldiversity@wusm.wustl.edu)

A complete VEP application consists of the following **components**:

Items Needed:

- Completed **SUPPLEMENTAL APPLICATION**
- Curriculum Vitae
- Completed **RECOMMENDATION FORM**
- 1 letter of recommendation on letterhead  
- from a faculty member
- Official medical school transcript

How to Submit Each Item:

- Email to Diversity Programs (ODP)
- Email to ODP
- Have **RECOMMENDER EMAIL to ODP**  
(Attach with the recommendation letter)
- Have **RECOMMENDER EMAIL to ODP**
- Have your **INSTITUTION EMAIL to ODP**

**Please note: The components listed above are also required for the Washington University Emergency Medicine Leadership in Emergency Medicine Diversity Scholarship (WUEM LEaD) and the URiM Sub-Internship Program in Otolaryngology. All materials should be submitted to the Office of Diversity Programs.**

Please feel free to contact us with inquiries via phone (314) 362-6854 or email

[medschooldiversity@wusm.wustl.edu](mailto:medschooldiversity@wusm.wustl.edu)



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VISITING ELECTIVE PROGRAM- SUPPLEMENTAL APPLICATION

Send applications to: [medschooldiversity@wusm.wustl.edu](mailto:medschooldiversity@wusm.wustl.edu)  
Transcripts must be emailed or submitted through VSLO

1. Name \_\_\_\_\_ Date \_\_\_\_\_

2. Medical School \_\_\_\_\_ Expected Grad. Date \_\_\_\_\_

3. Undergraduate Institution \_\_\_\_\_ Grad. Date \_\_\_\_\_

4. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 5. Gender Please select one  
mm / dd / yyyy

6. Phone Number \_\_\_\_\_ 7. Email \_\_\_\_\_

8. U.S. Citizen or Permanent Resident  Yes  
 No Country of citizenship \_\_\_\_\_

9. Racial identification or ethnicity (Self-identification is entirely voluntary).

If "Other Hispanic", please specify \_\_\_\_\_

If "Other", please specify \_\_\_\_\_

If "multi-racial" or "multi ethnic", please specify \_\_\_\_\_

10. Do you come from a socioeconomically disadvantaged background? If you answered "yes", please describe on a separate page and attach an additional page if necessary.

Yes  No

11. Are you applying to the Washington University Emergency Medicine Leadership in Emergency Medicine Diversity Scholarship (WUEM LEaD)?

Yes  No

If you answered "yes", we will forward your application to the Division of Emergency Medicine for review.

12. Are you applying to the URiM Sub-Internship Program in Otolaryngology?

Yes  No

If you answered "yes", we will forward your application to the Department of Otolaryngology for review.



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VISITING ELECTIVE PROGRAM- SUPPLEMENTAL APPLICATION

13. Please list the faculty member from your school who will submit a letter of recommendation. We must receive the letter of recommendation at least four weeks prior to the requested elective start date.

Name \_\_\_\_\_ Title \_\_\_\_\_

14. How will taking part in this program further your career goals or professional interests?  
**(Minimum of 200 words; please attach an additional page if necessary)**

15. If I am not accepted into the Office of Diversity Programs Visiting Elective Program and not offered a stipend, I am still interested in taking an elective at Washington University School of Medicine (select one):

Yes  No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



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VISITING ELECTIVE PROGRAM- RECOMMENDATION FORM

Send applications to: [medschooldiversity@wusm.wustl.edu](mailto:medschooldiversity@wusm.wustl.edu)

To the Applicant:

Please complete the upper portion of this form and forward it to your recommender.

Applicant's name \_\_\_\_\_ Medical School \_\_\_\_\_

I do waive my right to review the following recommendation

I do not waive my right to review the following recommendation

Applicant's signature \_\_\_\_\_

Recommender's name \_\_\_\_\_

To the individual submitting the letter of recommendation:

The student listed above requests that you write a letter of recommendation on his or her behalf for the Office of Diversity Programs' Visiting Elective Program. The recommendation, which can be submitted via email, should be submitted with this cover letter to the office listed at the top of the page. Thank you.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Deadline: Preferably four weeks before the start date of the desired elective**

Please email the Office of Diversity Programs at [medschooldiversity@wusm.wustl.edu](mailto:medschooldiversity@wusm.wustl.edu) for exceptions.