

VISITING ELECTIVE PROGRAM - APPLICATION INSTRUCTIONS

Thank you for your interest in the Inclusive Excellence 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

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 – preferably from a faculty member
- Medical school transcript

How to Submit Each Item:

- Email to Diversity Programs (ODP)
- Email to ODP
- Have RECOMMENDER EMAIL to ODP** (attach with recommendation letter)
- Have RECOMMENDER EMAIL to ODP**
- If you've applied through VSLO, we'll download your transcript

Please note: The components listed above are also required for the Washington University's Leadership in Emergency Medicine Scholarship, the Groff Scholars Program in Neurology, and the Division of Oncology Visiting Elective Program.

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

medschooldiversity@wusm.wustl.edu



Washington University in St. Louis
Office of Diversity Programs
MSC 8023-01-1800
660 S. Euclid Ave.
St. Louis, MO 63110

office: 314.362.6854
fax: 314.747.3974
<https://mddiversity.wustl.edu/>

VISITING ELECTIVE PROGRAM - SUPPLEMENTAL APPLICATIONSend applications to: medschooldiversity@wusm.wustl.edu

Transcripts must be submitted through VSLO

1. Name: _____ Date: _____

2. Medical School: _____ Expected Grad. Date: _____

3. Undergraduate Institution: _____ Grad. Date: _____

4. Date of Birth: ____/____/____

5. Email address: _____ 6. Phone Number: _____

7. U.S. Citizen or Permanent Resident:

- Yes
- No

If “no”, country of citizenship: _____

8. Do you come from a socioeconomically disadvantaged background?

- Yes
- No

If “yes”, please describe on a separate page and attach an additional page if necessary.

9. Are you applying to the Washington University’s Leadership in Emergency Medicine Scholarship?

- Yes
- No

If “yes”, we will forward your application to the Department of Emergency Medicine for review.

10. Are you applying to the Groff Scholars Program - Dept. of Neurology?

- Yes
- No

If “yes”, we will forward your application to the Department of Neurology for review.

11. Are you applying to the Division of Oncology Visiting Elective Program?

- Yes
- No

If “yes”, we will forward your application to the Division of Oncology for review.

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12. Please list the faculty member from your school who will submit a letter of recommendation. We strongly recommend submitting the letter of recommendation at least four weeks prior to the requested elective date.

Name: _____ Title: _____

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

14. If I am not accepted into the Inclusive Excellence 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: _____

VISITING ELECTIVE PROGRAM - RECOMMENDATION FORM



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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 their behalf for the Inclusive Excellence 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 for exceptions.



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