

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 mail application materials to our office, please use the following address:

**Office of Diversity Programs, Campus Box 8023,
660 S. Euclid Ave., St. Louis, MO 63110**

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 - from a faculty member
- Official medical school transcript

How to Submit Each Item:

- Email or mail to Diversity Programs (ODP)
- Email or mail to ODP
- Have **RECOMMENDER EMAIL or MAIL this to ODP**
(Attach with the recommendation letter)
- Have **RECOMMENDER EMAIL or MAIL this to ODP**
- Have your **INSTITUTION Mail this to ODP**

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

medschooldiversity@wusm.wustl.edu



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VISITING ELECTIVE PROGRAM- SUPPLEMENTAL APPLICATION

Send applications to: Office of Diversity Programs, Campus Box 8023, 660 S. Euclid Ave., St. Louis, MO 63110 or medschooldiversity@wusm.wustl.edu
Transcripts must be mailed or submitted through VSLO
Inquiries: (314) 362-6854

1. Name _____ Date _____

2. Medical School _____ Expected Grad. Date _____

3. Undergraduate Institution _____ Grad. Date _____

4. Date of Birth ____/____/____ 5. Gender _____
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? Yes or No (please circle one). If you answered "yes", please describe on a separate page and attach an additional page if necessary. Yes No

11. 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 _____



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12. 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)

13. 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):

Y N

Applicant's Signature _____ Date _____



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VISITING ELECTIVE PROGRAM- RECOMMENDATION FORM

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Inquiries: (314) 362-6854

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 in email or letter form, 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.