



Funded Visiting Elective Program for Students Underrepresented in Medicine
INFORMATION SHEET - 2016

Name: _____ Date: _____
Last First M.I.

Address: _____
Street City/State/Zip Code

Phone: _____ Email: _____

Medical School: _____

Race/Ethnicity: _____

Gender: _____ USMLE Step 1 Score: _____

Department of Interest: _____

- Elective Block of Interest:
- July 25 – August 21 (DUE DATE – 6/10)
 - August 22 – September 18 (DUE DATE – 7/8)
 - September 26 – October 23 (DUE DATE – 8/12)
 - October 24 – November 20 (DUE DATE – 9/9)

Please also send the following:

- Curriculum Vitae
- Personal Statement – please describe your career goals/interests (1-page)
- Official medical school transcript
- One letter of recommendation

Please send all materials/documents to:

Mail: Mason Patenaude, LMSW
Office of Diversity Affairs
577 1st Avenue
Room 108
New York, NY 10016

Email: Mason.patenaude@nyumc.org

ALL MATERIALS MUST BE RECEIVED BY THE DEADLINE AS SPECIFICIED FOR CONSIDERATION OF THE ELECTIVE.