

VANDERBILT UNIVERSITY SCHOOL OF MEDICINE  
OFFICE OF DIVERSITY AFFAIRS  
VISITING ELECTIVE PROGRAM  
SUPPLEMENTAL APPLICATION

We here at Vanderbilt University Medical Center truly value diversity. The Diversity Scholars Visiting Student Program is designed to expose medical students from under-represented in medicine (URM) backgrounds to our clinical departments and foster interest in Vanderbilt residency training programs.

This program would provide financial assistance for current fourth-year medical students to complete a four-week clerkship at Vanderbilt in one of our outstanding clinical departments. Eligible students must be in good standing at an accredited medical school in the US. Ultimate acceptance into this program is dependent upon acceptance for an away clerkship by the registrar and the Vanderbilt University School of Medicine Office of Enrollment Services.

Accepted students will be provided with monies to offset application fees, travel to Nashville, and housing costs during their four-week clerkship. Any questions about this program should be directed to the Office for Diversity Affairs at (615) 343-8299.

Mail application to: Office for Diversity Affairs, 319 Light Hall, Nashville, TN 37232-0190  
Scan application to: [regina.hockett@vanderbilt.edu](mailto:regina.hockett@vanderbilt.edu)

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1. Name \_\_\_\_\_ Rotation Dates \_\_\_\_\_

2. Medical School \_\_\_\_\_

3. Expected Grad. Date \_\_\_\_\_

4. Undergraduate Institution \_\_\_\_\_

5. Grad. Date \_\_\_\_\_

6. Date of Birth \_\_\_\_\_ Sex \_\_\_\_ M \_\_\_\_ F

7. U.S. Citizen or Permanent Resident \_\_\_\_ Y \_\_\_\_ N

8. Country of citizenship \_\_\_\_\_

9. Racial identification or ethnicity (check all that apply). *Please note that self-identification is entirely voluntary.*

\_\_\_\_\_ Asian

\_\_\_\_\_ Black/AA

\_\_\_\_\_ White

\_\_\_\_\_ Puerto Rican

\_\_\_\_\_ Other Hispanic (Please specify) \_\_\_\_\_

\_\_\_\_\_ Native American/Native Hawaiian

\_\_\_\_\_ Mexican American

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

10. Do you come from a socioeconomically disadvantaged background?

Yes No (please circle one). If you answered "yes", please describe **(please attach an additional page if necessary)**

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 \_\_\_\_\_

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