

**University of Washington Department of Urology
Visiting Student Internship Program Application**

First Name:

Last Name:

Please call me (name):

Pronouns:

Medical School:

Expected Date of Graduation:

Contact Information:

Email Address:

Phone Number:

Please comment on how you demonstrated and/or plan on making a commitment to advance and advocate for inclusion, equity, and diversity:

Clinical rotations and grades:

Comments about grading system (if any):

Have you passed Step 1? Yes No

List the timeframes you are available for a sub internship in Seattle (in order of preference).

- 06/24/2024 – 07/19/2024
- 07/22/2024 – 8/16/2024
- 08/19/2024 – 09/13/2024

Note: students who encounter a scheduling conflict due to timing of their school's rotation may be given an exemption for a three week rotation within those timeframes.

List the rotation location/sites in order of preference.

1. University of Washington Medical Center
2. Harborview Medical Center
3. Seattle Children's Hospital
4. Northwest Hospital
5. VA Puget Sound

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I would like to be considered for a UW Urology Visiting Sub-I Scholarship:

Yes

No

If yes, please send a letter of recommendation along with the rest of your application materials and fill out the questions below:

Please check all categories that apply to you:

First generation in family to complete an undergraduate degree: Yes No

Please share any significant barriers and hardship you overcame on your journey in medicine that have contributed to your resilience:

Is there anything else you'd like us to know about your background and upbringing?

Note: In addition to the Department of Urology Application Materials (**Priority Deadline - February 23, 2024**) successful completion of the UW School of Medicine VSLO application is required. VSLO - Students selected by the department for a rotation should complete this application.)