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 y and advocate for inclusion		I and/or plan on making a commitment to advance ersity:
Clinical rotations and grad	es:	
Comments about grading	system (if any):	
Have you passed Step 1?	□Yes	□No
List the timeframes you ar 06/30/2025 07/28/2025 08/25/2025	- 07/25/2025 - 8/22/2025	sub internship in Seattle (in order of preference).
	of Washington Me v Medical Center Idren's Hospital Hospital	
Pediatric U Urologic O	gy and Minimally I ary Reconstructive rology ncology logy and Reconstr	Invasive Surgery

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I would	like to be considered for a UW Urology Visiting Sub-I Scholarship:	:		
□Yes	\square No			
	please send a <u>letter of recommendation</u> along with the rest of your <u>out the questions below</u> :	application materials		
	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:			
	there anything else you'd like us to know about your background and upb			

Note: In addition to the Department of Urology Application Materials (**Priority Deadline - February 21, 2025**), successful completion of the UW School of Medicine VSLO application is required. VSLO - <u>Students selected by the department for a rotation should complete the VSLO application.</u>)