

UC San Diego

SCHOOL OF MEDICINE

Department of Pediatrics

UCSD Department of Pediatrics Visiting Student Physician/Scientist Scholarship Application

Name:

Today's Date:

Medical School:

Expected Graduation Date:

Contact Cell Phone Number:

Email Address:

Which electives did you apply for via VSLO? Please list names and dates below:

Please provide an explanation to the statements below (300 word maximum per statement):

- a) Please explain your interest in pursuing careers with a research emphasis.

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b) What are your goals for coming to UC San Diego?

Please provide the following attachments with this application:

- A copy of your most recent transcript with grades
- A faculty letter of recommendation

Please email this completed application, transcript, and letter of recommendation to Vanessa Villo at vavillo@health.ucsd.edu in advance of your desired elective.