



Boston University School of Medicine

EXCEPTIONAL CARE. WITHOUT EXCEPTION.

The primary teaching affiliate of the Boston University School of Medicine.

Subsidized Visiting Elective Program (SVEP) Office of Minority Physician Recruitment

Personal Information

Name _____

Address _____

Primary Phone _____ Email _____

Race/ Ethnicity

I self-identify as: _____

Educational Background

Medical School _____

USMLE Step I Score _____ Expected Graduation Date _____

Program Information

Which **Boston University Medical Center** residency program are you planning to apply to?

Are you planning to couples Match? Yes _____ No _____

How did you hear about the Subsidized Visiting Elective Program? (circle those that apply)

Conference/Residency Fair: SNMA AMSA LMSA AAMC

website Medical School Presentation School Official Other _____

Signature _____ Date: _____