



## 2025 VESUM Application

### UConn SoM Visiting Externship for Students Underrepresented in Medicine (VESUM)

Last Name:		
First Name:		
Specialty Interest:		
Medical School:		
Expected Date of Graduation:		
Email Address:		
Phone Number:		
Birth Place:		
What city & state do you call home?		
Gender: Male      Female      Non-binary		
Race/Ethnicity: <i>Check all that apply</i>		
Latino .		
African American	Native American/Alaskan Native	Native Hawaiian/Pacific Islander

#### How did you learn about VESUM? (*Check all that apply*)

<a href="#">VSLO URiM Website</a>	Medical Society: <i>Please provide the name(s)</i>
Email	
DEI Office/Representative	
VESUM Flyer/Promotional materials	
VESUM Website	
Mentor/Faculty Referral	Other: <i>Please explain</i>
Peer Referral	
Previous VESUM Student Referral	
Medical Conference	

**Please briefly share with us why you are interested in this experience at the University of Connecticut School of Medicine.**

**Given your background and your experience beyond the classroom, how do they make you a good candidate for this program and will promote diversity efforts at UConn?**

**If you are selected to participate in the VESUM program, we ask for you to complete your rotation between August and November. Please provide three options for the 4 week rotation with specific dates in order of preference. [Date format should be mm/dd/yy]**

Start Date:

End Date:

Option 1:

Option 2:

Option 3:

### **Additional Requirements:**

1. Letter of recommendation from a faculty member in the specialty of the selected elective.
2. Recent Photo
3. Curriculum Vitae
4. Grades on Core clerkships (Surgery, Internal Medicine, Pediatrics, Obstetrics/Gynecology, Psychiatry). Applicants must complete the rotation in the clerkship that correlates with the selected VESUM elective with the grade provided to be considered. If applying for the Family Medicine or Emergency Medicine Elective and it is not offered at your institution as a clerkship, you should have completed the elective in Internal Medicine.
5. Official Medical School Transcript
6. USMLE Step 1 score and Step 2 score if available
7. Personal Statement: Explain the basis for your interest in the elective specialty chosen and your career plans for the next 10 years. (Not to exceed one page, single spaced, 12-point font, 1 inch margins, in **PDF format**, no additional attachments.)
8. If selected, you must also complete the [AAMC Visiting Student Learning Opportunity \(VSLO\) Application](#).
9. You must be prepared to complete the elective offered, based on availability, between the months of **August to November of 2025**

### **DEADLINE EXTENDED: May 12, 2025.**

The completed application should be sent to the Office of Multicultural and Community Affairs at the University of Connecticut School of Medicine by emailing it to [OMCA@uchc.edu](mailto:OMCA@uchc.edu). **Applications will not be considered if any of the above documents are not included and the requirements are not met.** Due to limited availability in elective spots, early submissions are encouraged. Final official acceptance is based on satisfying all requirements of the VESUM and VSLO applications.

For additional information or questions, contact the Office of Multicultural and Community Affairs at [OMCA@uchc.edu](mailto:OMCA@uchc.edu).