



Medical Student Application			
First Name:		Last Name:	
Email Address:		Phone Number:	
Address:		City/State/Zip:	
Medical School Name:		Medical School Location (city and state, or country):	
Expected Med School Graduation Date:		Current Medical School Year:	
Briefly explain why you would like to rotate with our residency program:			
2-week and 4-week externship programs run year-round. Please indicate your preferred externship start dates, 2-week or 4-week program participation, and if you require housing:			
1st Choice			
Preferred Start Date:		Program Length (2 or 4 weeks):	
Housing Required (yes or no):			
2nd Choice			
Preferred Start Date:		Program Length (2 or 4 weeks):	
Housing Required (yes or no):			
3rd Choice			
Preferred Start Date:		Program Length (2 or 4 weeks):	
Housing Required (yes or no):			
Do you have any special needs we should know about?			



THE FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

Will you be requesting any time off during the Externship? If so, please explain.

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Did you pass COMLEX Level 1 or USMLE Step 1 on the first attempt.

Yes No

Are there any gaps or remediation's in your education? If yes please explain.

Yes No

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How did you hear about us?

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Please Read the Following Terms Carefully. Select Each Checkbox If You Agree:

I hereby certify that all of the information listed on this form is true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection.

I also understand and agree that any false, incomplete or misleading information discovered on this application at any time after I begin the Externship Program may result in my dismissal

X
