

**THOMAS JEFFERSON UNIVERSITY HOSPITAL  
DEPARTMENT OF ORTHOPAEDIC SURGERY  
OR401 Application for Visiting Students**

Please affix a current passport picture.

**SECTION A: CONTACT INFORMATION**

<i><b>NAME</b></i>		
<b>Last</b>	<b>First</b>	<b>Middle</b>

<i><b>Mailing address</b></i>		
<b>Street</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Telephone Number</b>		
<b>Email Address</b>		

**Citizenship:**  U.S. Citizen  U.S. Permanent Resident  Foreign National

**Please briefly discuss the reasons you would like to rotate at our institution, including any connection to Jefferson or Philadelphia.**

**SECTION B: EDUCATION HISTORY**

<i><b>Medical School</b></i>		
<b>Name of Institution</b>		
<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Expected Degree &amp; Date</b>		
<b>USMLE Scores:</b>	<b>Step I:</b>	<b>Step II:</b>
<b>Class Rank:</b>		

<i>Undergraduate Education</i>
Name of Institution
Degree & Dates Attended

**SECTION C: CLERKSHIP CHOICES. Please list your first, second, and third choice of rotation dates.**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**I have read and understand all the application materials. I attest that the information given in this application to be accurate and true.**

**Student's Signature**

**Date**