

UCSF DEPARTMENT OF PSYCHIATRY
VISITING STUDENT ELECTIVE SUPPLEMENTAL FORM

Name:

Date:

Citizenship:

Applying to UCSF Psychiatry Residency Program?

☐ **No** ☐ **Yes, year expecting to start residency:**

Already sent in ERAS application to UCSF Psychiatry Residency Program?

☐ **No** ☐ **Yes, date ERAS submitted:**

Describe briefly your interest in psychiatry, your personal goals for this elective, and why you want to do an elective at UCSF. (Ok to reformat on your own computer.)

Please be sure to list on the second page of the UCSF Common Application Form at least four elective assignment choices by date and course number, as listed in the psychiatry elective catalog. Sometimes it is not possible to place students in any of their top choices. Please check one of the following:

☐ I DO NOT want to consider UCSF Psychiatry elective placements other than those sites/dates listed.

☐ I DO want to be contacted to discuss other options of sites/dates if my choices are not available.