

## EMERGE Program Intake Form

Please send the completed intake form to [emergeprogram@wustl.edu](mailto:emergeprogram@wustl.edu).

- 1) Are you a medical student?
  - a. Yes
  - b. No
- 2) What year are you currently in?
  - a. Year 1
  - b. Year 2
  - c. Year 3
  - d. Year 4
- 3) Student's Legal Name:
  - a. First Name(s)
  
  - b. Middle Initial (if applicable)
  
  - c. Last Name(s)
- 4) Student Contact Information
  - a. Phone number
  
  - b. Email address
- 5) Student's Permanent Mailing Address:
- 6) Emergency Contact Information
  - a. First Name(s)
  
  - b. Last Name(s)
  
  - c. Email address
  
  - d. Phone number

- 7) Which medical school do you attend?
  
- 8) Please list the name of the person who will be sending a letter of recommendation on your behalf.
  
- 9) Do you require any accommodations to complete this program? If so, please explain below.
  - a. Yes
  - b. No
  
  
  
  
  
  
  
  
  
  
- 10) Do you need on-campus housing?
  - a. Yes
  - b. No

### **Demographic Information**

- 1) Student's Gender
  - a) Female
  - b) Male
  - c) Non-binary
  - d) Prefer to self-describe/other
  - e) Do not wish to answer
- 2) Are you Hispanic, Latino/a, or of Spanish origin?
  - a) Yes
  - b) No
  - c) Do not wish to answer
- 3) What is your race?
  - a) American Indian or Alaska Native
  - b) Asian
  - c) Black or African American
  - d) Native Hawaiian or Other Pacific Islander
  - e) White
  - f) Multiracial
  - g) Do not wish to answer