**Instructions:**

Please complete and return this form to Sarah Chun ([SarahChun@mednet.ucla.edu](mailto:SarahChun@mednet.ucla.edu)). Attach any available Department of Medicine 400-level sub-internship evaluations and your ERAS letter request form. Allow at least TWO weeks for letter preparation and upload. ERAS opens to programs 9/27/2023.

**Full name (please print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_

**Applying to:** □ Categorical □ Primary Care □ Med-Peds □ Preliminary Medicine □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are your ultimate goals in medicine?
2. Please list any 400-level sub-internships completed in the Department of Medicine and provide evaluations (if available) so that we can include your fourth year Medicine performance.
3. Optional: Is there anything else you feel should be highlighted in your letter? (Ex: unique strengths, a representative comment that did not make it into your MSPE, circumstances surrounding clerkship performance that you give permission to disclose, etc.)
4. What three words do you feel best describe you as a student physician?