**Council for Diversity and Inclusion (CDI)**

**Application 2020**

Name:

Select one:

🞏 Student - Program/Year:

🞏 Faculty 🞏 A&P 🞏 USPS Position:

🞏 Scientist/Post-Doc Focus:

1. Please provide a personal statement about diversity and inclusion.
2. Please tell us your priorities for diversity and inclusion initiatives in the College of Medicine.
3. Why do you want to serve on the Council on Diversity and Inclusion?