



**College of
Medicine**

UNIVERSITY OF CENTRAL FLORIDA

OFFICE OF DIVERSITY AND INCLUSION

**Council for Diversity and Inclusion (CDI)
Application 2021**

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?

(Please use additional pages if needed.)

Please complete and scan/email to UCFCOMDiversity@ucf.edu.