

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE
ADVANCED STANDING ADMISSION APPLICATION

1. Name _____
 (Last) (First) (Middle) Social Security Number

2. Present mailing or school address. (Please check box in item 2 or 3 to which communications concerning this application should be sent.)

 No. and Street

 City State Zip
 ()
 Phone

3. Legal Residence

 No. and Street

 City State Zip
 ()
 Phone

4. What do you consider your "home town"?

5. Citizenship

 Country
 Visa Type _____ Number _____

6. Place of birth

 City State

7. If legal residence is Texas, date you came to Texas

 Month Year

8. Check here if you have applied previously to TTUHSC School of Medicine.

9. Check here if you agree to release your application previously submitted to TTUHSC School of Medicine to the Office of Student Affairs.

***A \$ 50.00 APPLICATION FEE MUST ACCOMPANY APPLICATION. MAKE CHECK PAYABLE TO TTUHSC.**

SUMMARY OF SCHOOLS ATTENDED

High School: State _____ Date of Attendance _____ SAT Score _____

(If more than one college attended, list degree granting institution only)

	Date of Attendance		Major	Total	Degree Granted
	From	To		Hours	or Expected Type/Mo./Yr.
Undergraduate	_____	_____	_____	_____	_____
Graduate	_____	_____	_____	_____	_____
Professional	_____	_____	_____	_____	_____

SUMMARY OF ACADEMIC RECORDS

GPA

Undergraduate Science _____

Non-Science _____

Overall _____

GPA

Graduate & Professional Science _____

Non-Science _____

Overall _____

MEDICAL SCHOOL:

GPA to Date: _____ on a scale of _____. Rank in Class: _____ of _____
(Include GPA and Rank in Class only if normally derived by school.)

MEDICAL COLLEGE ADMISSION TEST (MCAT) INFORMATION (most recent):

Test Date _____ Verbal Reasoning _____ Physical Sciences _____
(Month/Year) Biological Sciences _____ Writing Sample _____

UNITED STATES MEDICAL LICENSING EXAMINATION:

Test Date _____ (or projected test date _____)
Anatomy _____ Physiology _____ Biochemistry _____ Microbiology _____ Pharmacology _____ Behavioral Sciences _____

PERSONAL DATA

Name and Address of Father/Mother/Guardian

Name _____ No. and Street _____

City _____ State _____ Zip Code _____ Phone _____

Father's Occupation _____ (Living/Deceased) Mother's Occupation _____ (Living/Deceased)
Age of each sibling _____ Do your parents claim you as a dependent with the IRS? Yes ___ No ___
Brothers _____ Sisters _____

Information on Spouse: (Response Optional)

Name _____ Mailing Address _____
Phone (____) _____ Occupation _____ Age of Each Dependent _____

Has your education or vocation ever been interrupted for any reason? _____ If yes, detail on a separate page.

Military Service

Are you now in military service? _____ If so, what state were you a legal resident upon entrance into military service? _____ Will you be in military service upon matriculation in medical school if you are accepted? _____ Are you a dependent of someone in military service? _____ If so, of what state were you a legal resident upon his/her entrance into military service? _____

Conduct

Were you ever required to leave school or college or ever denied readmission because of deficiencies in either conduct or scholarship? _____ If yes, when and why? _____

Have you ever been charged with a criminal offense (including military) other than minor traffic violation? _____ If yes, explain _____

Minority and/or Disadvantaged Status

Please offer a brief explanation if you have claimed minority or disadvantaged status:

MEDICAL SCHOOL EXPERIENCE

Medical School Matriculation

Have you ever matriculated in or attended any medical school? _____ If so, what school? _____ Are you presently enrolled in the above school? _____ If not: (1) Are you eligible for readmission _____ (2) Why did you leave medical school? _____

Prior Application to Medical School

Have you ever made previous application(s) to this medical school? _____ If so, for class(es) entering what year(s)? _____

RECOMMENDATIONS

Please list below the individual you have asked to submit written assessments. The Admissions Committee may request further letters when application is reviewed.

Name _____ Address _____
Phone (____) _____

Name _____ Address _____
Phone (____) _____

Name _____ Address _____
Phone (____) _____

PERSONAL BIOGRAPHY

1. List any academic honors, awards, or other recognitions you have received while in college:

2. List and describe extracurricular and community activities:

3. List and describe any research or medically related experiences or jobs you have had:

4. How do you spend your leisure time?

CHRONOLOGY OF ACTIVITIES

Please describe in chronological order all activities since graduating from high school until planned entry into medical school. Give exact dates (month and year) accounting for the time since graduating from high school and including education, employment, and even time spent in leisure (traveling, resting, etc.). When listing employment, specify when, type of work, and approximate hours per week.

PERSONAL COMMENTS

Please indicate your reasons for wishing to enter Texas Tech University School of Medicine with Advanced Standing.

I understand that the Admissions Committee does not regard applications as complete until all supporting documents have been received. These include official transcripts of all college work attempted, letter of evaluation, official MCAT scores, and the application fee.

I further understand that all actions on admissions to medical school are the prerogative of the Admissions Committee of the School of Medicine.

I certify that the information in this application is complete to the best of my knowledge and belief and is my work. I acknowledge that submission of any false information is grounds for rejection of my application, withdrawal of any offer of acceptance, or dismissal after enrollment.

Date _____ Signature of Applicant _____