



# TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER™

School of Medicine

## NEW MEMBER APPLICATION

Name: \_\_\_\_\_

Classification: **MS1**

Local Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

TTUHSC Email: \_\_\_\_\_

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A. **(REQUIRED)** Please answer the following questions in the space provided below (or you may attach a page with no longer than 250 words per answer or a total of 500 words for combined #1 and #2).

1. What is your reason for wanting to represent TTUHSC School of Medicine?

2. What makes you a good candidate for the Dean's Ambassador Program?

3. List four words that best describe yourself.

B. Please tell us about your involvement in other organizations/activities within TTUHSC or the School of Medicine. (Free Clinic, Dual degree programs, research, electives, interest groups, volunteering, etc)

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DA Selection Committee

Reviewer:

Interview:

Comments: