



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
School of Medicine

NEW MEMBER
APPLICATION

Name: _____

Classification: **MS1**

Contact Phone #: _____

TTUHSC Email: _____

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).

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

2. In your own words, please describe the role of a Dean's Ambassador

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

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)

AI ATTESTATION: I further certify that everything submitted is my own writing and has not been composed or generated by a third party. I understand that there will be further investigation if components of my application are suspected to be plagiarized or AI generated.

Signature: _____ Date: _____