

ADVANCED STANDING ADMISSION APPLICATION

I. 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 _____

e-mail Address

4. What do you consider your “home town”?

5. Citizenship

Country

Visa Type	Number
1	1
2	2
3	3
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100	100

6. Place of birth

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

Month	Year
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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 \$75.00 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 Hours	Degree Granted or Expected Type/Mo/Yr
	From	To			
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):

Old MCAT Test Date _____ Verbal Reasoning _____ Physical Sciences _____
(Month/Year)

Biological Sciences _____ Writing Sample _____

New MCAT Test Date _____ C/P foundations _____ CARS _____
(Month/Year)

B/B foundations _____ P/S foundations _____

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 _____ Mother's Occupation _____

Still living? ☐ Yes ☐ No

Still living? ☐ Yes ☐ No

Age of each sibling _____ Do your parents claim you as a dependent with the IRS?
Brothers Sisters Yes No

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, please detail:

Military Service

Are you now in military service? ☐ Yes ☐ No

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? ☐ Yes ☐ No

Are you a dependent of someone in military service? ☐ Yes ☐ No

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? ☐ Yes ☐ No if yes: when? _____ why?

Have you ever been charged with a criminal offense (including military) other than minor traffic violation?

☐ Yes ☐ No 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? ☐ Yes ☐ No

If so, what school? _____

Are you presently enrolled in the above school? ☐ Yes ☐ No

If not: (1) Are you eligible for readmission? ☐ Yes ☐ No (2) Why did you leave medical school?

Prior Application to Medical School

Have you ever made previous application(s) to this medical school? ☐ Yes ☐ No

If so, for classes entering what years? _____

RECOMMENDATIONS

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

Name

Address

Phone _____

Name

Address

Phone _____

Name

Address

Phone _____

MEDICAL SCHOOL ACADEMIC RECORD

Name _____
Last First Middle

Social Security Number _____

FIRST YEAR COURSES	CREDIT HRS	GRADE

SECOND YEAR COURSES	CREDIT HRS	GRADE

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 graduation 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.

I acknowledge that I must provide documentation from my current Office of Student Affairs that I have not (currently or in the past) had any professionalism or behavioral issues or disciplinary actions against myself, and grant permission for the Texas Tech University Health Sciences Center School of Medicine to further inquire and investigate any matters related to the information provided in this application and supporting documents.

Date _____ Signature of Applicant _____