

Paul L. Foster School of Medicine

ADVANCED STANDING ADMISSION APPLICATION

1. Name				
(Last)	(First)	(Middle)	Socia	al Security Number
Present Mailing or school address. (Please check box in item 2 or 3 to which communications concerning	4. What do you	consider your "home town"	7. If legal reside to Texas.	ence is Texas, date
this application should be sent.)	5. Citizenship		Month	Year
No. and Street	Country			ere if you have applied ITUHSC-Paul L Foster dicine.
City State Zip	Visa Type	Number		ere if you agree to release
E-mail address	6. Place of Birth	1	your application	on previously submitted to
3. Legal Residence	City	State		
No. and Street				
City State Zip () Phone				
SUMMARY OF SCHOOLS ATTENDED				
High School: State	Date	of Attendance		SAT Score
(If more than one college attended, list degree gran	nting institution only)			
		Date of Attendance From To	•	Degree Granted or Expected Type/Mo./Yr.
Undergraduate				
Graduate				
Professional				

SUMMARY OF ACADEMIC RECORDS

GPA		GPA		
Undergraduate Science		Graduate &	Professional Science	
Non-science			Non-science	
Overall			Overall	
MEDICAL SCHOOL:				
GPA to Date:on a scale (Include GPA and Rank in Class <u>only</u> i			of	
MEDICAL COLLEGE ADMISSIO	ON TEST (MCAT) INFO	ORMATION (most recer	nt):	
Test Date Verbal (Month/Year)	Reasoning	Physical Sciences		
, , ,	ical Sciences	Writing Sample		
UNITED STATES MEDICAL LIC	ENSING EXAMINATION	ON:		
Test Date(or project	cted test date			
Anatomy Physiology Bi	ochemistry Micro	biology Pharmacolog	gy Behavioral Sciences	
PERSONAL DATA Name and Address of Father/Mo	other/Guardian			
Name		No. an	d Street	
Ch	Chaha	71: 0:	d.	Division
City	State	Zip Coo	de	Phone
Father's Occupation	(Living	g/Deceased) Mo	other's Occupation	(Living/Deceased)
Age of each sibling Brothers	Sisters	Do your parents claim	you as a dependent with the IR	S? YesNo
Information on Spouse: (Respor	nse Optional)			
Name				Mailing Address
Phone ()	Occupation			Age of Each Dependent
Has your education or vocation e	ever been interrupted f	or any reason?	If yes, detail on a s	eparate page.

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? ______ If not: (1) Are you eligible for readmission Are you presently enrolled in the above school? (2) Why did you leave medical school? **Prior Application to Medical School** Have you ever made previous application(s) to PLFSOM? ______ If so, for class(es) entering what year(s)? RECOMMENDATIONS Please list below the individuals you have asked to submit written assessments. (One must be a letter of recommendation and evaluation by the Dean of the medical school or Dean of Student Affairs where the applicant is currently attending.) The Admissions Committee may request further letters when application is reviewed. ______Address _____ Phone () Phone ()

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Military Service

Social Security Number	Name			
MEDICAL SCHOOL ACADEMIC RECORD	Last	First	Middle	
			CREDIT LIRE	CRADE
FIRST YEAR COURSES			CREDIT HRS	GRADE
SECOND VEAD COLIDSES			CREDIT HRS	GRADE
SECOND YEAR COURSES			CREDIT HKS	GRADE

PERSONAL BIOGRAPHY

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

5001 El Paso Dr. El Paso, TX 79905

Please indicate your reasons for wishing to enter Texas Tech University Health Sciences Center-Paul L. Foster School of Medicine with Advanced Standing.		
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-		
-		
	that the Admissions Committee does not regard applications as complete until all supporting documents have been received. ficial transcripts of all college and medical school work attempted, originating medical school Dean's letter of evaluation and res.	
I further under School of Medicir	rstand that all actions on admissions to medical school are the prerogative of the Admissions Committee of the Paul L. Foster ne.	
I certify the inf	ormation in this application is complete to the best of my knowledge and belief and is my work. I acknowledge that submission of tion is grounds for rejection of my application, withdrawal of any offer of acceptance, or dismissal after enrollment.	
Date	Signature of Applicant	
	eted applications to: Texas Tech University Health Sciences Center-Paul L. Foster School of Medicine, Attn: Office of Admissions	