



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO
Paul L. Foster 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

 E-mail address

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
 to Texas.

 Month Year

8. Check here if you have applied
 previously to TTUHSC-Paul L Foster
 School of Medicine.

9. Check here if you agree to release
 your application previously submitted to

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):

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 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.

Name _____ Address _____

Phone () _____

Name _____ Address _____

Phone () _____

Social Security Number _____

Name _____
Last First Middle

MEDICAL SCHOOL ACADEMIC RECORD

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 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?
