

Paul L. Foster School of Medicine

ADVANCED STANDING ADMISSION APPLICATION

1. Name				
$\overline{(\mathrm{Last})}$	(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 resident to Texas.	ence is Texas, date
this application should be sent.)	5. Citizenship		Month	Year
No. and Street	Country			ere if you have applied TTUHSC-Paul L Foster dicine.
City State Zip	Visa Type	Number		ere if you agree to release ion previously submitted to
E-mail address	6. Place of Birth	ı	to other med	
3. Legal Residence	City	State		
No. and Street				
City State Zip () Phone				
SUMMARY OF SCHOOLS ATTENDED			•	
High School: State	Date o	of Attendance		_SAT Score
(If more than one college attended, list degree gran	nting institution only)			
		Date of Attendance From To	•	ours Degree Granted ours or Expected Type/Mo./Yr.
Undergraduate				
Graduate				
Professional				

SUMMARY OF ACADEMIC RECORDS

GPA	GPA	A	
Undergraduate Science	Gra	duate & Professional Science	
Non-science		Non-science	
Overall		Overall	
MEDICAL SCHOOL:			
GPA to Date:on a scale of (Include GPA and Rank in Class <u>only</u> if normally		of	
MEDICAL COLLEGE ADMISSION TEST (MCAT) INFORMATION (mo	ost recent):	
Test Date Verbal Reasonin (Month/Year)	gPhysical So	ciences	
Biological Science	es Writing S	Sample	
UNITED STATES MEDICAL LICENSING	EXAMINATION:		
Test Date (or projected test of	ate)		
Anatomy Physiology Biochemisti	ry Microbiology Pha – — — —	rmacology Behavioral Sciences	
PERSONAL DATA			
Name and Address of Father/Mother/Gua	ardian		
Name		No. and Street	
City Stat	e	Zip Code	Phone
Father's Occupation	(Living/Deceased)	Mother's Occupation	(Living/Deceased)
Age of each sibling Brothers Sis	Do your pare	nts claim you as a dependent with the IRS? \	resNo
Information on Spouse: (Response Option	nal)		
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 sepa	rate 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** _____ If so, what school? Have you ever matriculated in or attended any medical 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 Office may request further letters when

application is reviewed.

Name	Address
Phone ()	
Name	Address

Social Security Number	Name			
MEDICAL SCHOOL ACADEMIC RECORD	Last	First	Middle	
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?

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

Please indicate your reasons for wishing to enter Texas Tech University Health Sciences Center-Paul L. Foster School of Medicine with Advanced Standing.
I understand that the Paul L. Foster School of Medicine does not regard applications as complete until all supporting documents have bee eceived. These include official transcripts of all college and medical school work attempted, originating medical school Dean's letter cevaluation and official MCAT scores.
I further understand that all actions on admissions to medical school are the prerogative of the Admissions Committee of the Paul L. Foster chool of Medicine.
I certify the information in this application is complete to the best of my knowledge and belief and is my work. I acknowledge that submission cany false information is grounds for rejection of my application, withdrawal of any offer of acceptance, or dismissal after enrollment.
DateSignature of Applicant
ease mail completed applications to: Texas Tech University Health Sciences Center-Paul L. Foster School of Medicine, Attn: Office of Admissions

 $5001\ El\ Paso\ Dr.\ El\ Paso,\ TX\ 79905$