# MEDICAL APPLICANT INFORMATION FORM

**Place photograph here.**

It should be about passport size

(ca. 1" x 1.5").

A. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 UNO Id. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 AAMC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AAMC Committee Letter No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. **EDUCATIONAL EXPERIENCE** \*

 College or Univ. Attended Dates No. Hours Major Degree

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\*If you have attended any university that doesn't appear on your UNO transcript, attach a transcript of your record from that school. The committee will not undertake any evaluations until all transcripts are included.

C. Degree being sought at UNO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Major Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Expected Date of Graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Application for entering class of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Have you previously applied to medical school? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

E. If you have been employed during your college study, please provide the following information

 Type of Employment Dates Hours/week

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F. List other time consuming obligations and any extracurricular activities which you think committee members should be aware of when processing your application.

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G. Select at least three (maximum of 4) UNO Science faculty members to fill out evaluation forms for you. These should be faculty members whose courses you have completed, or in which you are currently enrolled. At least three evaluations must be from Biology, Chemistry or Physics. You may also include one letter of recommendation from someone who can provide a different perspective of your character (this could be your employer, a research mentor, a doctor/nurse/supervisor for whom you did voluntary work, etc). Bear in mind that the assessment of your performance in upper level courses is more meaningful to your application. These faculty evaluations will be photocopied and sent to the Medical Schools designated below. The Pre-Medical committee cannot act on your application until at least three evaluations have been received. **You are responsible for making sure that all your evaluations are submitted in a timely manner. Please return or email this completed application to Dr. Lura Williamson,** **lawillia@uno.edu** **or Teresa Howell at** **thowell@uno.edu**

The following individuals have agreed to provide evaluations:

Department Faculty Member Course Term

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Medical Schools to which you are applying that do not use AMCAS Letters of Evaluation i.e. LSU Shreveport:

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H. **Please include your personal essay from AMCAS** or address the following questions.

a) What do you feel is your greatest asset as a candidate for admission?

b) Why do you wish to become a doctor?