MEDICAL APPLICANT INFORMATION FORM (Must be submitted typed) Place photograph here. A. Name Address It should be about passport size E-mail Address (ca. 1" x 1.5"). UNO ID No. Telephone No. AAMC Committee Letter No. Date AAMC No. Are you planning to apply DO schools (AACOMAS)? Y/N Are you planning to apply to carribean medical schools that require a different system? Y/N _____If so, please include instructions on how to submit your committee letter. Make sure you list wschluch@uno,edu, Dr. Wendy Schluchter as the email for the submission of your committee letter. **EDUCATIONAL EXPERIENCE *** College or Univ. Attended No. Hours <u>Major</u> <u>Degree</u> *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 Clinical Experience: Please list any volunteer, internship, or employment experience that is relevant to the medical field or E. research. Experience/Location Dates Hours/Week F. **Employment**: If you have been employed during your college study, please provide the following information. Type of Employment Hours/Week Dates

G. <u>Extracurricular</u>: 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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H. The Pre-Medical Committee reviews UNO students who have at least 25 credit hours of science credit completed. Select at least three UNO Science faculty members to write a letter of recommendation to support your application to medical school. 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. Bear in mind that the assessment of your performance in upper level courses is more meaningful to your application. It is also strongly recommended that you have a <u>recommendation from someone who can speak to your clinical experience</u> . It is better that all recommendations that you are requesting be submitted to the committee using the following process. Recommendation letters should be on official letter head for the recommender's institution. Letters should be emailed directly from the recommender to the email addresses listed below (wschluch@uno.edu , and prehealthcommittee@uno.edu). All recommendations submitted will be included in the committee letter file submitted to medical schools. The Pre-Medical committee cannot act on your application until at least three science faculty evaluations have been received. Ideally, your application should be complete by June in the year you are applying. You are responsible for making sure that all your evaluations not complete by September 30. After this date, a committee letter is not possible.				
prehealthcommittee@un	o.edu.			
The following individuals Department	have agreed to provide evaluations <u>Faculty Member/Clinician</u>	s (please include any clinic s <u>Course</u>	al letter-writers here, too)	: <u>Term</u>
I. Please include an upda	ted resume.			
II. Please include your pe	ersonal essay from AMCAS or ad	dress the following question	ns (one additional page is a	ıllowed).
a) What do you feel is you	ur greatest asset as a candidate for a	admission?		
b) Why do you wish to be	ecome a doctor?			