**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

**APPLICATION**

**PREMATRICULATION PROGRAM**

**UNIVERSITY OF LOUISVILLE**

**SCHOOL OF MEDICINE**

 **JULY 11, 2011 – AUGUST 4, 2011**

**NAME** Choose an item. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Home Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** Choose an item. **Zip Code** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**County** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approximate population of hometown** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current School Address (College)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dormitory** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** Choose an item.

**Zip** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-Mail Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Racial/Ethnic Self Description** Choose an item.

**Sex** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Marital Status** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of Birth:** **City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**  Choose an item. **County** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Information:**

**Father (or guardian) Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mother (or guardian) Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s (or guardian) Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When or if employed, what kind of work does parent (or guardian) do?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many older brothers/sisters do you have?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many younger brothers/sisters do you have?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Information:**

**Name and location *(city and state)* of high school you attended** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College(s) attended** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Major** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Minor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Graduation Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you worked part-time while a student?** [ ] **Yes** [ ] **No**

**If yes, approximately how many hours per week?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you participated in a Summer Medical & Dental Education Program (SMDEP) or other structured summer programs?**

[ ] **Yes**  [ ] **No** [ ]  **Not Sure**

**If yes, describe briefly:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What medical specialty are you considering? ( i.e. Pediatric, Family Medicine, OB/GYN, undecided)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION DEADLINE**

**Email your completed application to** **specprog@gwise.louisville.edu** **or** **msjosh01@gwise.louisville.edu**

 **as soon as possible. Applications will be processed as they are received.**

**ACCEPTED APPLICANTS WILL BE NOTIFIED BEGINNING FEBRUARY 18, 2011**

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