**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

**APPLICATION**

**SUMMER PREMATRICULATION PROGRAM**

**UNIVERSITY OF LOUISVILLE**

**SCHOOL OF MEDICINE**

**JUNE 30 – July 24, 2014**

**NAME:**  Choose an item. Click here to enter text.

**Permanent Home Address:**  Click here to enter text.

**City:** Click here to enter text. **State:**  Choose an item. **Zip Code:**  Click here to enter text.

**County:**  Click here to enter text. **Telephone:**  Click here to enter text.

**Approximate population of hometown:**  Click here to enter text.

**Current Address (College):**  Click here to enter text. **Dormitory:** Click here to enter text.

**Street:**  Click here to enter text. **City:**  Click here to enter text. **State:**  Choose an item.

**Zip:**  Click here to enter text. **Cell Phone Number:**  Click here to enter text.

**E-Mail Address:**  Click here to enter text. **Racial/Ethnic Self Description:**  Choose an item.

**Sex:**  Click here to enter text. **Age:**  Click here to enter text.

**Birth date:**  Click here to enter text. **Marital Status:**  Click here to enter text.

**Place of Birth -** **City:**  Click here to enter text. **State:**  Choose an item. **County:**  Click here to enter text.

**Family Information:**

**Father (or guardian) Name:**  Click here to enter text. **Mother (guardian) Name:** Click here to enter text.

**Parent (or guardian) Address:**  Click here to enter text.

**When or if employed, what kind of work does parent (or guardian) do?** Click here to enter text.

**How many older brothers/sisters do you have?**  Click here to enter text.

**How many younger brothers/sisters do you have?**  Click here to enter text.

**Current household income:** Click here to enter text.

**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:**

**After graduation from Medical School, what medical specialty do you think you will consider?**

**( i.e. Pediatrics, Family Medicine, OB/GYN, Surgery, Internal Medicine, etc., or undecided)**:

Click here to enter text.

**APPLICATION DEADLINE**

**Email your completed application to** [**specprog@louisville.edu**](mailto:specprog@louisville.edu) **or** [**msjosh01@louisville.edu**](mailto:msjosh01@louisville.edu)

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

**ACCEPTED APPLICANTS WILL BE NOTIFIED BEGINNING FEBRUARY 28, 2014**

This program is funded by The University of Louisville School of Medicine.