



APPLICATION FOR TRANSFER
University of Louisville School of Medicine
Louisville, KY 40292

1. Name: _____
Last First Middle

2. Please check the year that you wish to transfer: 2nd Year _____ 3rd Year _____

3. Date of Birth: _____ Place of Birth: _____

4. Citizenship: _____

5. Permanent Street Address: _____

County: _____ City: _____

State: _____ Zip Code: _____

Email Address: _____

6. Mailing Street Address: _____

County: _____ City: _____

State: _____ Zip Code: _____

7. Telephone Number (evening hours) _____ (day hours) _____

8. List all undergraduate and graduate schools attended in chronological order:

Institution	Location/Site	Date of Attendance	Major	Degree Granted or Expected

9. Overall Undergraduate GPA: _____ on a scale of _____

10. Overall Graduate GPA: _____ on a scale of _____

11. MCAT Score: Verbal _____ Physical Sciences _____ Writing Sample _____ Biological Sciences _____

12. Name of High School: _____ City: _____

State: _____ Year Graduated: _____

13. List all Professional and Medical schools attended in chronological order:

Institution	Location/Site	Date of Attendance	Major	Degree Granted or Expected

14. List all the course work which you have completed in a previous medical school: (note courses in chronological order)

School	Location	Year	Term	Course Name	Grade	Credit Hours

15. Medical School GPA to date: _____ on a scale of _____ Rank in Class _____ of _____. (Include GPA and Rank in Class only if normally derived by school.) Have you taken: Step 1 _____ Step 2 _____?

16. Have you ever been dismissed or placed on probation from a college or professional school? _____ If so, explain below:

17. State briefly your reason for requesting transfer. (Follow this brief description by a more detailed letter/personal statement).

I certify that the information submitted in this application is complete and correct to the best of my knowledge.

Signature: _____ Date: _____

Application Deadline: April 30th