

**Application for the MD with Distinction in Research Program
at The University Of Texas Southwestern Medical Center At Dallas**

(PLEASE TYPE OR PRINT)

NAME		SOCIAL SECURITY NUMBER		DATE OF BIRTH
ADDRESS DURING SCHOOL YEAR			ZIP CODE	PHONE
PERMANENT ADDRESS			ZIP CODE	PHONE
U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		TEXAS RESIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL ADDRESS

EDUCATION RECORD

UNDERGRADUATE EDUCATION	CITY	DATES ATTENDED FROM-TO	LEVEL COMPLETED	FIELD OF STUDY

EXPECTED DATE OF GRADUATION FROM UT SOUTHWESTERN	CLASSIFICATION AS OF JUNE OF THIS YEAR <input type="checkbox"/> FROSH <input type="checkbox"/> SOPH. <input type="checkbox"/> JR. <input type="checkbox"/> SR.
GRADE POINT AVERAGE	CLASS RANK (IF KNOWN)

HONORS, AWARDS

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Which Department will sponsor your application to the 'MD with Distinction in Research' Program?:

Please list the periods of time that you have conducted research that are being cited in the fulfillment of the requirements of the 'MD with Distinction in Research' Program (minimum of 16 weeks). Please list the program in which the research was conducted and faculty mentor:

With Which UT Southwestern Medical Center faculty members have you conducted Research?

	<u>Name</u>	<u>Title</u>	<u>Department</u>	<u>Subject of Research</u>	<u>Dates</u>
1.					
2.					
3.					

Please list the periods of time that you have conducted research that are being cited in the fulfillment of the requirements of the 'MD with Distinction in Research' Program (minimum of 16 weeks). Please include the program in which the research was conducted and faculty mentor for each experience:

Please indicate who will serve as your official mentor for the purposes of the 'MD with Distinction in Research' Program:

Please list the three UT Southwestern faculty members that you propose will constitute your thesis committee:

1.

2.

3.

This program requires that the research conducted by the applicant should encompass a minimum of 16 weeks. Please outline below the activities conducted (and planned) that will serve to satisfy this requirement:

Please attach your Curriculum Vitae. Please be sure that this document includes a listing of 1) abstracts/posters presented, 2) manuscripts submitted and/or published, and 3) scientific meetings that you have attended.

A completed application should be received by January 31 of the year preceding your expected graduation from medical school. Completed application materials should be delivered to:

Associate Dean for Medical Student Research
The University of Texas Southwestern Medical Center at Dallas
5323 Harry Hines Blvd.
Dallas, TX 75390-8857
(214)-648-3685

Applicant's Signature

Date