

**Application for the MD with Distinction in Health Policy 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<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | TEXAS RESIDENT<br><input type="checkbox"/> YES <input type="checkbox"/> NO |          | EMAIL ADDRESS |

EDUCATION RECORD

| UNDERGRADUATE EDUCATION | CITY | DATES ATTENDED<br>FROM-TO | LEVEL<br>COMPLETED | FIELD OF<br>STUDY |
|-------------------------|------|---------------------------|--------------------|-------------------|
|                         |      |                           |                    |                   |
|                         |      |                           |                    |                   |
|                         |      |                           |                    |                   |

|  |   |
|--|---|
| EXPECTED DATE OF GRADUATION FROM UT SOUTHWESTERN | CLASSIFICATION AS OF JUNE OF THIS YEAR<br><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

|  |
|--|
|  |
|--|

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

Please list the periods of time that you have been engaged in activities that are being cited in the fulfillment of the requirements of the 'MD with Distinction in Health Policy' Program (minimum of 16 weeks). Please list the program / locations in which the health policy experience was conducted and the associated faculty mentor or public official:

With which UT Southwestern Medical Center faculty members / public officials have you conducted your health policy experience?

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

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.

Please attach your Curriculum Vitae. Please be sure that this document includes a listing of 1) any presentations or durable materials that have derived from your experience, 2) manuscripts submitted and/or published as a result of your experience, and 3) scientific or policy meetings / activities that you have attended in association with your experience.

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