

Print or type all requested information.**PERSONAL INFORMATION**

Legal Last Name _____ First _____ Middle _____

Under what other names might documents be received? _____

Social Security Number _____ Date of Birth _____ Gender _____

Birthplace: City _____ State _____ Country _____

Current Address _____ Day Telephone _____

_____ Evening Telephone _____

Email Address _____

Permanent Address _____ Permanent Telephone _____

State of legal residence _____ How long in Texas? (mo/yr) _____

Are you a U.S. citizen? _____ If not, of what country are you a citizen? _____

Immigration Status: _____ Student Visa (F1) _____ Exchange Visitor (J1)
 _____ Student Spouse (F2) _____ Exchange Visitor Spouse (J2)
 _____ Permanent resident (give number and issue date) _____
 _____ Other (specify type) _____

Are you currently under charge or have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? ___yes ___no If yes, explain on separate page.

FAMILY INFORMATION

Father's Name _____ Birthplace _____

Address _____ Telephone _____

_____ How long in Texas? _____

Father's Occupation _____ Educational Background _____

Mother's Name _____ Birthplace _____

Address _____ Telephone _____

_____ How long in Texas? _____

Mother's Occupation _____ Educational Background _____

ACADEMIC HISTORY

Secondary (High School) or equivalent _____ Graduation Year _____

City _____ County _____ State _____ Country _____

Colleges and Universities: Beginning with your current medical school, list in reverse chronological order ALL colleges and universities attended (even if no credit was awarded) and all institutions from which any credit has been awarded (even if the credit is indicated on a subsequent institution's transcript as transfer credit). Omission of ANY institution could result in denial of admission or expulsion from degree program. Official transcripts from each institution should be sent directly from the institution to the UT Southwestern Admissions Office.

Institution	Location	Dates of attendance	
Major	Science hours/GPA	Non-Science Hours/GPA	Degree/date received or expected

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Have you ever been the recipient of any action by any post-secondary institution for unacceptable academic performance such as dismissal, disqualification, suspension, or conduct violation? ___yes ___no If yes, explain on separate page.

ACHIEVEMENTS, HONORS, AND AWARDS

List below any academic awards, honors or fellowships which you have received. Use an additional page if necessary.

TEST SCORES: Official test scores, sent directly to UT Southwestern, are required.

Medical College Admission Test (MCAT)

Indicate information from the attempt which generated the highest total score. Scores will be verified with official score report when received.

Test date (month/year) _____

Scores: Biological Sci. _____ Physical Sci. _____ Total Score _____

Verbal Reason. _____ Writing Sample _____

United States Medical Licensure Examination (USMLE) Step 1

Applicants seeking transfer into the 3rd year must pass Step 1 prior to matriculation. Indicate your initial results and any retake results. Scores will be verified with official score report when received.

Test date (month/year) _____

Raw Score _____

Retake test date (month/year) _____

Raw Score _____

Name _____ Social Security Number _____

EMPLOYMENT HISTORY

Beginning with the most recent, list in reverse chronological order your employment history or other activities related to your academic goals.

Employer/Activity	Address	City	State
Type of Work		Dates (month and year)	
Employer/Activity	Address	City	State
Type of Work		Dates (month and year)	
Employer/Activity	Address	City	State
Type of Work		Dates (month and year)	
Employer/Activity	Address	City	State
Type of Work		Dates (month and year)	

PERSONAL STATEMENT

Provide a short statement detailing why you are interested in transferring into the medical program at UT Southwestern and how it would benefit your personal and career goals.

APPLICATION AGREEMENT

I understand that UT Southwestern does not consider applications as complete until ALL supporting documents have been received. These documents include official college/university and medical school transcripts, the medical school dean's letter of recommendation, and official MCAT and USMLE (if applicable) scores. I also understand that these documents should be sent directly to the Admissions Office at UT Southwestern for processing. Further, I understand that, if accepted for transfer, I am required to provide a final copy of my official transcript reflecting the completion of course work currently in progress.

I understand that applicant irregularities are documented by UT Southwestern and reported to the Association of American Medical Colleges and other appropriate professional organizations.

I understand that all actions on transfer admission to the medical program are the prerogative of appropriate UT Southwestern officials and that all questions concerning admission action should be directed to the Admissions Office.

I understand that all application materials submitted to UT Southwestern become the property of the institution and are not returnable. I also understand that UT Southwestern is not obligated to furnish me with duplicate copies.

I understand that information submitted herein will be relied upon by UT Southwestern officials to determine my status for admission and residency eligibility. I authorize UT Southwestern to verify information I have provided. I understand that any omission of requested data from the application may jeopardize my admission or subsequent academic standing at UT Southwestern. I agree to notify the proper UT Southwestern officials of any changes in the information provided.

I certify that the information in the application is complete and correct to the best of my knowledge and belief. I acknowledge the submission of any false or misleading information is grounds for rejection of my application, withdrawal of any acceptance offer, enrollment cancellation, or appropriate disciplinary action after enrollment.

Applicant's Signature _____ Date of Application _____

Mail application to: UT Southwestern Admissions Office
5323 Harry Hines Boulevard
Dallas, Texas 75390-9162

Fax application to: 214-648-3289

Questions? medapp@utsouthwestern.edu
214-648-5617

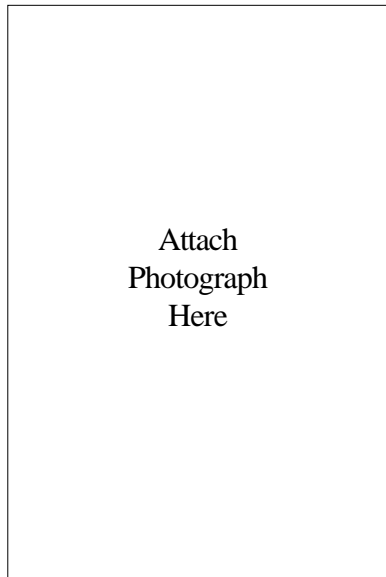
With few exceptions, you are entitled on your request to be informed about the information U.T. Southwestern collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Southwestern correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. Southwestern collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

Applicant Name _____ Social Security Number _____

Although self-identification by race or ethnicity is entirely voluntary, the U.S. Department of Education requires UT Southwestern to report the composition of its student enrollment. Indicate your race or ethnic group as follows:

- | | |
|--------------------------------------|-----------------------------|
| _____ American Indian/Native Alaskan | _____ Other Hispanic |
| _____ Black/African American | _____ White/Caucasian |
| _____ Asian/Pacific Islander | _____ Other (specify) _____ |
| _____ Mexican American | _____ Unreported |
| _____ Puerto Rican (Mainland) | |

Photographs are requested to assist the admissions process including identifying applicants during an interview, if requested. Please submit one recent photograph approximately 2" X 3" in size.



Print your name and social security number on the back of the photograph.