

**M.D. with Distinction
Application for Candidacy**

Name:		Student ID:
Address at School:	City, ST, ZIP:	Primary Phone:
Permanent email: (non-UTSW address)		
Expected Graduation Date from UTSW:		
ORC ID:		
I am seeking a distinction in:		
<input type="checkbox"/>	Research	
<input type="checkbox"/>	Community Health	
<input type="checkbox"/>	Global Health	
<input type="checkbox"/>	Medical Education	
<input type="checkbox"/>	Quality Improvement and Patient Safety.	

Please attach:

- A CV that includes Honors and Awards and all abstracts submitted for state and national conferences
- Documentation/Explanation of completion of requirements (see pg 2)

THESIS COMMITTEE

Who will serve as the chair for your Distinction committee:

Name: _____

Department: _____

List the other two UT Southwestern faculty members that you propose will constitute your thesis committee.	Department

Only keep the Distinction section that applies to you:

The grey sections are for our office use only

<u>Research Distinction:</u>	Weeks	Block/Dates	Dean's Signature/ Date Confirmed
Year-long Research Fellowship <i>HHMI, Doris Duke, other:</i>			
Summer Research Program:			
Scholarly Activity:			
Research Elective:			
Other (<i>Explain</i>):			

<u>Medical Education</u>	Weeks	Block/Dates	Dean's Signature/ Date Confirmed
Med Ed I Elective			
Med Ed II Elective			
Teaching Experience: Summer			
Scholarly Activity:			
Med Ed III Elective			
Other (<i>Explain</i>):			

<u>Community Health</u>	Weeks	Block/Dates	Dean's Signature/ Date Confirmed
CART Program			
CHFP Summer Program:			
Scholarly Activity:			
FAM 2103			
Other (<i>Explain</i>):			

<u>Quality Improvement</u>	Weeks	Block/Dates	Dean's Signature/ Date Confirmed
Boot Camp Training			
Summer Program:			
Scholarly Activity:			
QI Elective			
Leadership Role in IHI Open School			

<u>Global Health/IMEP</u>	Weeks	Block/Dates	Dean's Signature/ Date Confirmed
Intro to Global Health			
Summer Program:			
Scholarly Activity:			
Senior clinical elective			
Abstract submissions			

All application materials must be turned into the Medical Student Research Office S1.101.

Other:			
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For Associate Dean's office use only

Thesis Presentation <i>(Due by March 15th)</i>	Date Presented:
Title:	
Written Thesis <i>(Due April 1st with signatures)</i>	Date Submitted to Library:
Final Approval Signature & Date:	

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