

MEDICAL APPLICANT INFORMATION FORM

Place photograph here.
It should be about
passport size
(ca. 1" x 1.5").

A. Name _____
Address _____
E-mail address _____
UNO Id. No. _____
Telephone No. _____
AAMC No. _____ AAMC Committee Letter No. _____ Date: _____

B. EDUCATIONAL EXPERIENCE *

| <u>College or Univ. Attended</u> | <u>Dates</u> | <u>No. Hours</u> | <u>Major</u> | <u>Degree</u> |
|----------------------------------|--------------|------------------|--------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

*If you have attended any university that doesn't appear on your UNO transcript, attach a transcript of your record from that school. The committee will not undertake any evaluations until all transcripts are included.

C. Degree being sought at UNO _____
Major Department _____
Expected Date of Graduation _____

D. Application for entering class of _____
Have you previously applied to medical school? Yes _____ No _____

E. Please list any relevant volunteer, internship, or employment experience that is relevant to the medical field or research.

| <u>Experience/Location</u> | <u>Dates</u> | <u>Hours/week</u> |
|----------------------------|--------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

F. If you have been employed during your college study, please provide the following information

| <u>Type of Employment</u> | <u>Dates</u> | <u>Hours/week</u> |
|---------------------------|--------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

G. List other time-consuming obligations and any extracurricular activities which you think committee members should be aware of when processing your application.

H. **The Premedical Committee reviews UNO students who have at least 25 credit hours of science credit completed.** Select at least three (maximum of 4) UNO Science faculty members to write a letter of recommendation support your application to medical school. These should be faculty members whose courses you have completed, or in which you are currently enrolled. At least three evaluations must be from Biology, Chemistry or Physics. You may also include letters of recommendation from someone who can provide a different perspective of your character (this could be your employer, a research mentor, a doctor/nurse/supervisor for whom you did voluntary work, etc). Bear in mind that the assessment of your performance in upper level courses is more meaningful to your application. Recommendation letters should be on official letter head for the recommender's institution. Letters should be emailed directly from the recommender to both email addresses listed below. All recommendations submitted will be included in the committee letter file submitted to medical schools. The Pre-Medical committee cannot act on your application until at least three science faculty evaluations have been received. **You are responsible for making sure that all your evaluations are submitted in a timely manner.**

Please return or email this completed application to Dr. Jack Horne, jhorne@uno.edu and Teresa Howell at thowell@uno.edu

The following individuals have agreed to provide evaluations:

| <u>Department</u> | <u>Faculty Member</u> | <u>Course</u> | <u>Term</u> |
|-------------------|-----------------------|---------------|-------------|
| | | | |
| | | | |
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| | | | |
| | | | |

I. **Please include your personal essay from AMCAS** or address the following questions.

a) What do you feel is your greatest asset as a candidate for admission?

b) Why do you wish to become a doctor?