

SAMPLE APPLICATION - 2012 ENTERING CLASS

REPORT DATE:

SUBMISSION DATE:

PROCESSED DATE:

Applicant's Legal Name:

AAMC ID:

Page: 1

IDENTIFYING INFORMATION

ID Type: Number(s):

US SSN:

Name Type:

Name (Salutation First Middle Last, Suffix)

Legal:

Preferred:

DOB:

Birthplace:

Citizenship:

Legal Residence:

Visa Status:

CONTACT INFORMATION

Preferred:

Address:

City, State Zip, Country:

County:

Email:

Day:

Even:

Fax:

Permanent:

Address:

City, State Zip, Country:

County:

Email:

Day:

Even:

Fax:

BIOGRAPHIC INFORMATION

Sex:

Birth Date:

Dependents:

Legal USA Resident:

Birthplace:

Primary Language:

Legal Residence:

Visa Status:

Other Language(s):

Citizenship:

Racial Self-Description:

Ethnic Self-Description:

OTHER VISA TYPE DESCRIPTION

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DISADVANTAGED/CHILDHOOD INFORMATION

**Disadvantaged?:
Explanation:**

Primary Childhood Residence

**City:
County:
State:
City / State / Country:**

Underserved (Self-Reported):

**Family Income Level:
Number In Household:
Family Assistance Program: Yes No
Paid Employment Before 18: Yes No
Contribution To Family:
Paid For Post-Secondary Education:**

Academic Scholarship %
Financial Need-Based Scholarship %
Student Loan %
Other Loan %
Family Contribution %
Applicant Contribution %
Other %

PARENTS AND GUARDIANS

Parent/Guardian Name	Sex	Living?	Legal Residence: (County/State/Country)	Education Level	School Name	Occupation

SIBLINGS

Age | Sex

SAMPLE APPLICATION - 2011 ENTERING CLASS

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Post Secondary

School	City	State/Province	Country	Dates	Program Level	Major	Minor	Degree - Degree Date

GRADE POINT AVERAGES

Status	BCPM		AO		Total	
	GPA	Hours	GPA	Hours	GPA	Hours
High School						
Freshman						
Sophomore						
Junior						
Senior						
Postbaccalaureate Undergraduate						
Cumulative Undergraduate						
Graduate						

Supplemental Hours: _____ **P/F - Pass:** _____ **P/F - Fail:** _____ **A/P:** _____ **CLEP:** _____ **OTHER:** _____

MCAT TEST SCORES

*(NR) Not Released * Non-Standardized Condition (C) Computer-Based*

Test Date	Verbal	Phy Sci	Essay	Bio Sci	Total

OTHER TEST SCORES

Test Name	Test Date	Test Section	Test Score

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EXPERIENCE

Experience Type:

Experience Name:

Dates:

Hours/Week:

Contact Name & Title:

Organization Name:

City / State / Country:

Experience Description:

Experience Type:

Experience Name:

Dates:

Hours/Week:

Contact Name & Title:

Organization Name:

City / State / Country:

Experience Description:

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EXPERIENCE

Experience Type:

Experience Name:

Dates:

Hours/Week:

Contact Name & Title:

Organization Name:

City / State / Country:

Experience Description:

Experience Type:

Experience Name:

Dates:

Hours/Week:

Contact Name & Title:

Organization Name:

City / State / Country:

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EXPERIENCE

Experience Type:

Experience Name:

Dates:

Hours/Week:

Contact Name & Title:

Organization Name:

City / Country:

Experience Description:

Experience Type:

Experience Name:

Dates:

Hours/Week:

Contact Name & Title:

Organization Name:

City / State / Country:

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EXPERIENCE

Experience Type:

Experience Name:

Dates:

Hours/Week:

Contact Name & Title:

Organization Name:

City / Country:

Experience Description:

Experience Type:

Experience Name:

Dates:

Hours/Week:

Contact Name & Title:

Organization Name:

City / State / Country:

Experience Description:

Experience Type:

Experience Name:

Dates:

Hours/Week:

Contact Name & Title:

Organization Name:

City / State / Country:

Experience Description:

