

Georgetown University School of Medicine
2008 Application for Admission with Advanced Standing

In order for the Office of Admissions to process your application to Georgetown University School of Medicine, you must return this form by May 15, 2008, with a non-refundable \$130.00 application fee.

Please read the enclosed "Application Procedures" prior to completing this form. Print (*in blue or black ink*) legibly or type.

- Application for Second Year (2008 – 2009) M '11
 - OR -
 Application for Third Year (2008 – 2009) M '10

<i>Personal Information</i>			
1. Last Name:	First Name:	MI:	
2. Social Security Number:	3. Sex:	4. Date of Birth:	
5. Address:			Apt. #:
City:	State/Country:	Zip/Postal Code:	
Phone:	Email:		
6. Place of Birth:	7. Citizenship:		

<i>Education (list in chronological order)</i>					
OFFICE USE ONLY	College/University	Major	Degree	From:	To:
	8a. All undergraduate colleges attended:				
	8b. All undergraduate summer schools attended:				
	8c. All graduate, medical, and/or professional schools attended:				
	9. Will you be submitting a pre-medical committee letter? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	10. Name and title of medical school official submitting letter of transfer approval:				
	Name:		Title:		
	11. Names of your two medical school recommenders and their departments:				
	Name:		Dept.:		
	Name:		Dept.:		

12. Honors received in college (including honorary societies):
13. If you have ever registered at any institution under a different name (including maiden name), state the name used and where it was used:
Name: _____
Where: _____

14.	Parents' Names	Living? (Y/N)	Occupation	College(s) attended	Degree(s)
	Father				
	Mother				
Age(s) of siblings:					

15. If you have been employed during the academic year while in college or graduate school, specify type of work and approximate hours per week:	
a. Current:	Hours/week:
b. Previously:	Hours/week:
16. If you have held summer jobs during college, specify type of work and year employed:	
a.	Year:
b.	Year:
17. Do you currently participate in a student loan program, and require financial aid information from our School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. If you have military experience, complete the following:	Branch of Service:
Highest rank or grade:	Date of Entry:
Date of Separation:	Reserve status:
19. If your education has not been continuous other than for vacations, indicate what you have done while out of school:	
20. Were you ever the recipient of any action (e.g., dismissal, disqualification, suspension, etc.) by any college or medical school for (1) unacceptable academic performance or (2) conduct violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. (a) Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(b) Have you ever been convicted of a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you answered yes to either question 20 or 21, please attach an explanation of the circumstances.</i>	
22. Have you ever applied to Georgetown University School of Medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what year? _____	
23. List extracurricular, community, and any avocational activities you participated in while in college (including offices held):	
24. Have you taken the United States Medical Licensing Examination (USMLE) Step I? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Required for third year. Latest test date is June 15, 2007.)	
Date you took/will take examination: _____	<i>You must make sure that official verification of these scores is forwarded to Georgetown by the USMLE.</i>

I hereby certify that I have personally completed this application and the information is accurate to the best of my knowledge.	
Applicant's Signature: _____	Date: _____