Print Form

Application for Entering 2010

School of Medicine
TEMPLE UNIVERSITY®

**Application for:**
☐ **Basic Core in Medical Sciences**
☒

Concentration: ☐ Medicine ☐ Dentistry

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone (daytime): _____ Phone (cell): _____
Email: _____

**Biographic Information**
SSN: _____ _____
Date of Birth: _____ Sex: _____
Ethnicity: ☐ Native American ☐ African American ☐ Asian or Pacific Islander
☐ Hispanic/Latino ☐ White ☐ Other
County and State of Legal Residence: _____
Country of Citizenship: _____
If not United States, what is your Visa Status: _____

**Secondary Education**
High School Name: _____
City/State: _____ High School GPA (unweighted): _____
AP Courses: _____

**All Post-Secondary Educational Institutions Attended**
College Name: _____
City/State: _____
Major: _____ Degree: _____ Date Awarded: _____
Dates of Attendance: _____ College GPA: _____

College Name: _____
City/State: _____
Major: _____ Degree: _____ Date Awarded: _____
Dates of Attendance: _____ College GPA: _____

College Name: _____
City/State: _____
Major: _____ Degree: _____ Date Awarded: _____
Dates of Attendance: _____ College GPA: _____

College Name: _____
City/State: _____
Major: _____ Degree: _____ Date Awarded: _____
Dates of Attendance: _____ College GPA: _____

**SAT or ACT scores**
SAT Date: _____ Verbal: _____ Math: _____
SAT Date: _____ Verbal: _____ Math: _____
SAT Date: _____ Verbal: _____ Math: _____
ACT Date: _____ Eng: _____ Math: _____ Read: _____ Sci: ____ Comp: _____
ACT Date: _____ Eng: _____ Math: _____ Read: _____ Sci: ____ Comp: _____
ACT Date: _____ Eng: _____ Math: _____ Read: _____ Sci: ____ Comp: _____

**Other Standardized Test Scores (please list each component, i.e. MCAT, GRE, DAT)**
Date: _____ Test and Individual Scores: _____
Date: _____ Test and Individual Scores: _____
Date: _____ Test and Individual Scores: _____

# Application for Entering 2010

**Alumni Information**
If the answer is yes, for any of the following questions, please provide requested information.

1. Did your parents, grandparents, spouse, or sibling attend or graduate from Temple University School of Medicine or Dentistry? ☐ Yes ☐ No

Name: _____ Year of Graduation: _____

Relationship: ☐ Parent ☐ Grandparent ☐ Spouse ☐ Sibling

2. Did your parents, grandparents, spouse, or sibling attend or graduate from a residency or fellowship program at Temple University Hospital? ☐ Yes ☐ No

Name: _____ Program/Year Completed: _____

Relationship: ☐ Parent ☐ Grandparent ☐ Spouse ☐ Sibling

3. Are your parents, grandparents, spouse, or sibling faculty members of Temple University School of Medicine or Dentistry? ☐ Yes ☐ No

Name: _____ Academic Department: _____

Relationship: ☐ Parent ☐ Grandparent ☐ Spouse ☐ Sibling

**References**
Please indicate who will be providing references for your application:

Name/Academic Institution Reference 1: _____

Name/Academic Institution Reference 2: _____

Name/Organization Reference 3: _____

**Additional Information**
Please answer the following questions on an additional sheet of paper:

1. What is the nature of your special interest in Temple University School of Medicine or School of Dentistry and the post-baccalaureate program?
2. Please describe your involvement in extracurricular activities.
3. Please describe your medically related experiences and their possible impact on your future career.
4. What is the basis for your interest in the field of medicine/dentistry?
5. Is there anything else you would like us to know about you?
6. How did you learn about the post-baccalaureate program (be specific)?
7. Were you ever the recipient of any institutional action resulting from unacceptable academic performance or a conduct violation? If yes, provide details.
8. Have you ever been convicted of a misdemeanor? If yes, provide details.
9. Have you ever been convicted of a felony? If yes, provide details.

By signing below, I certify that all information on the supplemental application and supporting credentials is correct and complete. I understand that if any information furnished by me is found to be untrue, I may be denied admission, or if admission has been granted, the offer may be withdrawn.

Signature _____ Date _____