

UCF/USF Medical Honors Program University of South Florida College Of Medicine

Application for Admission

Please type all information and answer ALL questions in this application. The application and all other requested materials must be ***received*** by the Office of Honors Student Services at The Burnett Honors College by the date published in the Applications Instructions to be considered for an Admissions Interview.

To Check the status of your application we kindly request that you contact The Burnett Honors College.

1. Complete Legal Name:
(Last, First, Middle)

2. Social Security Number : - -
(SSN is voluntary, but you cannot be considered for Financial Aid/Scholarships without this number.)

3. Birth Date:
(mm/dd/yyyy)

4. Age:

5. Gender:
(M/F)

6. Place of Birth:

City:

State/Province

Country

7. Current Mailing Address:
(Street/Apt/City/State/Zip)

Phone: ()- -

8. Permanent Mailing Address:
(Street/Apt/City/State/Zip)

Phone: ()- -

9. Are you a U.S. Citizen? : (If "Yes" continue to Item 10)

Are you a naturalized citizen? : If "Yes," enter # :

If "No", provide your nation of citizenship:

Are you a permanent resident alien of the U.S.?:
(DO NOT list yourself as a permanent resident if you DO NOT have an alien registration receipt (Green) card in your possession)

If Yes, provide copy of both sides of Green Card and enter #:

10. High Schools/Preparatory Schools Attended:

| | From | To | School Name | City/State/County |
|---|------|----|-------------|-------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

11. Please provide your SAT/ACT test dates and results for each exam you have taken.

| | Test | Score | Date |
|---|------|-------|------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

12. Please, indicate your unweighted final High School GPA:

13. Please indicate your final High School class rank and class size (If known): /

The Medical Honors Program is open only to First Time in College (FTIC) students.

Please confirm that this is true in your case by checking here:

Please provide the following information:

14. List all post-secondary institutions (where you earned college credit) that you attended prior to entering UCF/Burnett Honors College:

| | From (MM/YY) | To (MM/YY) | School Name | City/State/County |
|---|-----------------|---------------|-------------|-------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

15. If you have achieved a degree from any post-secondary institution prior to attending UCF/Burnett Honors College, please provide the following information:

| | Institution Name | Degree Achieved | Date Degree Awarded |
|---|------------------|-----------------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

16. Have you ever resigned from or been dismissed from a college/professional school?: (If yes, explain on a separate sheet of paper).

17. Have you ever been placed on probation in a college/professional school?: (If yes, explain on a separate sheet of paper).

18. Have experienced academic difficulties in any course?:

(If "yes", explain):

19. List below High School academic or public service Honors/Awards with dates, beginning with the most recent:

20. List below Co-curricular, Community, and Volunteer Activities with dates, beginning with the most recent:

21. Provide a Chronological Listing of Full/Part-time Employment History:

22. Please provide the Committee with an essay profiling yourself and family, including, for example, work experiences, travel experiences, fun and diversions, family traits, education, occupations, hobbies, and interests. If married, please include your spouse (and children). This essay should be typed on a separate sheet of paper and should not be longer than 500 words. INCLUDE YOUR NAME ON THE TOP OF THE ESSAY.

23. Please provide the Committee with an essay about what has influenced your decision to pursue a career as a Medical Doctor. This essay should be typed on a separate sheet of paper and should not be longer than 500 words. INCLUDE YOUR NAME ON THE TOP OF THE ESSAY.

24. I certify that the information given in this application is accurate and complete to the best of my knowledge and I understand that falsification of information will be sufficient grounds for refusal of admission or for dismissal. If admitted to the University of South Florida College of Medicine MD Program, I hereby agree to abide by the policies of the Board of Education, and the rules and regulations of the University of South Florida and the College of Medicine.

I fully understand that under the Family Education Rights and Privacy Act of 1974, that the information provided in this application and my supporting documents will be kept confidential. In order that my application may be processed, my file will be available to the Dean of the College, Deans for Admissions and Student Affairs, the Medical Student Selection Committee, and members of the Admissions Office solely to support the admissions process. In addition, I agree that the Office of Admissions may send essential information to the Association of American Medical Colleges (AAMC).

Applicant Signature

Date (mm/dd/yyyy)

24. Submit this completed and signed application and all the additional materials in a single package to the Office of Honors Student Services in the Burnett Honors College, BHC Room 110. All application supporting documentation and fees must be received, or postmarked, not later than the date provided on the Application Instructions Letter. The package can also be mailed to:

The Office of Honors Student Services
The Burnett Honors College
P.O.Box 161800
Orlando, Florida 32816-1800
ATTN: The UCF/USF Medical Honors Program