

MINI-MED SPRING BREAK APPLICATION FORM

PROCESS FOR SUBMITTING APPLICATION

Since class size is limited and acceptance is based on availability, it is strongly recommended that you contact the program before submitting an application

- Complete all sections of application. Incomplete applications will not be considered.
- Submit \$500 deposit (pay with credit card online or include a check with this application).
- Submit a 500 word personal statement and describe what your outside interests are, why you wish to become a physician and what you hope to gain from the program.
- Submit *Recommendation Form* from college advisor
- Submit *Character Reference* from someone who has known you for at least three years and can attest to your character.

Recommendation Form and Character Reference letter must be submitted in a sealed envelope or submitted (email or U.S. mail) **directly from the recommender** to the Mini-Med Spring Break program.

Mailing Address: DUCOM, Mini-Medical School 245 North 15th Street Mail Stop 1008, Office #7330 Philadelphia, PA 19102 Phone number: 215.762.6800 Fax number: 215.762.4655 Email: minimed@drexel.edu

APPLICATION FORM MINI-MED SPRING BREAK

I. Applicant:

Name:				
	(First)		(Last)	
Present Address:				
(City)		(State)	(Zip)	
Cell Phone Numb (Mth)	Der: () (Day) (Yr)		Date of Birth:	
Email Address:				
Application Sessi	ion Date:			
	□Session 1:	Start Date:		
	□Session 2:	Start Date:		
	□Session 3:	Start Date:		
	□Session 4:			
	□Session 5:			
	□Session 6:			
	□Session 7:			
Will you require	overnight accommo	lations if accepted	? 『Yes 『 No	

II. College Information:

College/University:			
Location: (<i>City</i>) Current college year:		(State)	
□ Freshman		□Junior	□Senior
□ Other			
Science GPA:		Total GPA	:
Major:		Minor:	
	of courses you are cu		
Upon completion of your career path?		raining, what do you see	e as your immediate next step in
□Getting into a MD	/PhD program	(line of studies)	