



Medical School Matriculation Program
The University of Texas Medical Branch - School of Medicine
CURRENT COLLEGE STUDENT APPLICATION

PLEASE PRINT AND MAIL TO APPROPRIATE ADDRESS (see last page of application instructions for addresses).

Date: _____

Please check the college you are applying from:

- Prairie View A&M University Texas Southern University University of Texas at El Paso
- Texas A&M International University University of Texas at Brownsville University of Texas Pan American
- Xavier University

I. PERSONAL DATA:

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Number of years at this address: _____

Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ Place of Birth: _____

Male: _____ Female: _____ Email Address: _____

Are you a Texas resident? Yes _____ No _____ How many years have you lived in Texas? _____

Are you a United States citizen? Yes _____ No _____ If not, what is your citizenship? _____

Provide the Visa type or Resident Status: _____ Date issued: _____

Are you currently under charge or have you ever been convicted of a felony or misdemeanor, other than minor traffic violations, or have you ever received a felony or misdemeanor deferred adjudication? Yes _____ No _____
As applicant need not disclose information about a juvenile or criminal record that has been sealed or expunged.
Failure to disclose information may result in the applicant being denied admission. If yes, explain fully including dates.

(Do not include routine traffic violations; but DWI, DUI & DWL are not routine traffic violations and must be listed.)

2. EDUCATIONAL DATA (Please attach a copy of your official **COLLEGE** transcript to this application.)

High School Name: _____

High School Location (City & State): _____ Graduation Date: _____

Overall GPA: _____

High School Class Rank: _____ Composite SAT Score: _____

Composite ACT score: _____

College Entry Date (mm/yyyy): _____ Expected Graduation Date (mm/yyyy): _____

Current College Credit Hours: _____ Cumulative GPA: _____ Science GPA: _____

Current Classification: _____

3. FAMILY HISTORY AND DATA:

Father's Name: _____ Highest Educational level: _____

Father Deceased? Yes _____ No _____ Date Deceased (mm/yyyy): _____

Home Address (street, city, state, zip): _____

Occupation: _____ Employer: _____

Business Address: _____ Business Phone: _____

Mother's Name: _____ Highest Educational level: _____

Mother Deceased? Yes _____ No _____ Date Deceased (mm/yyyy): _____

Home Address (street, city, state, zip): _____

Occupation: _____ Employer: _____

Business Address: _____ Business Phone: _____

Number of siblings: _____ Ages: _____ Number of siblings attending college: _____

How many generations of your family have lived in the state of Texas? _____

Is English your first language? Yes _____ No _____ If no, what is your first language? _____

What is the predominant language spoken in your home? _____

Please list all languages in which you are fluent (other than English). _____

4. FINANCIAL DATA:

Do you currently support any minor dependents? Yes _____ No _____ If yes, list ages: _____

What was your parents after-taxes income for the 2011 tax year: (check one)

- 0-\$10,000 \$30,001-\$40,000 \$60,001-\$70,000 \$90,001 - \$100,000
 \$10,001-\$20,000 \$40,001-\$50,000 \$70,001-\$80,000 Over \$100,000
 \$20,001-\$30,000 \$50,001-\$60,000 \$80,001-\$90,000

If your family owned a home, please estimate the value of the home. (check one)

- Less than \$50,000 \$60,001-\$70,000 \$80,001-\$90,000 \$100,001-\$110,000
 \$50,001-\$60,000 \$70,001-\$80,000 \$90,001-\$100,000 Over \$110,000

Type of community/neighborhood in which you grew up (city, inner city, suburban, town, rural): _____

Definitions: **City** – population more than 100,000; **Inner City** - current part of the city, densely populated and low income;
Suburban – residential area adjacent to a city; **Town** – population 50,000-100,000; **Rural** – county and/or farming area

List all full- and part-time employment experiences (including summers) that you have held for the past two years. Use a separate sheet if necessary.

Company/Organization	Position	Dates	Hours per week

5. BIOGRAPHICAL DATA

a. List any academic honors, awards, and other recognitions received while in college.

b. List any leadership roles or positions of responsibility held while in college.

c. List any health-care related community service, volunteer, or employment experiences you have participated in while in college.

d. List any non health-care related community service or volunteer activities you have participated in college.

e. List extracurricular activities you have participated in college.

5. Personal Statement:

Please provide a statement (in the space provided below) detailing your interest in MSMP, your commitment to completing a college education, and your interest in a career in medicine.

I certify the information provided in the above application is complete and correct to the best of my knowledge.
(Please sign and date after printing completed document).

Signature: _____ **Date:** _____



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Supplemental Data Request Form

(Name)

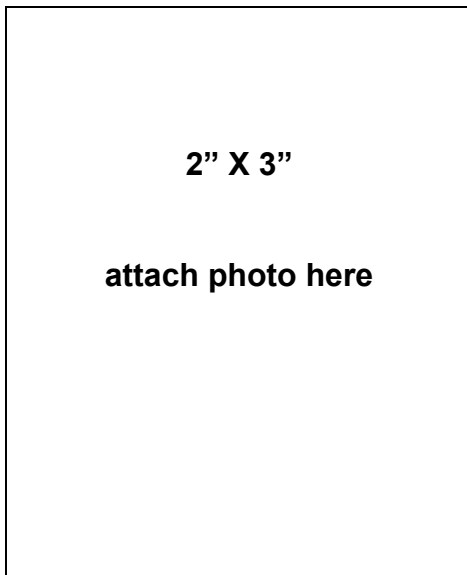
_____-_____-_____
(Date of Birth)

Please indicate your race or ethnic group as follows:

- | | |
|--|----------------------------------|
| (1) _____ American Indian/Alaskan Native | (6) _____ Other Hispanic |
| (2) _____ Black/African American | (7) _____ White/Caucasian |
| (3) _____ Asian/Pacific Islander | (8) _____ Other (specify): _____ |
| (4) _____ Mexican American | (9) _____ Unreported |
| (5) _____ Puerto Rican (Mainland) | |

**You will also need to include the following items: 2 Recommendation Letters
1 Copy of your Official College Transcript**

Photographs are requested to assist the committee members in identifying and remembering applicants being considered for acceptance in MSMP.



**Please submit one photograph.
It should be a recent photo
and approximately 2" X 3" in size (wallet).**

Please print name on back of photograph.

**RETURN TO: Debra Liedy
MSMP Coordinator
301 University Blvd.
Ashbel Smith Bldg., Room 1.206
Galveston, TX 77555-1308**