

UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE TRANSFER APPLICATION

1.
 LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____
 SOC. SEC. # _____ DATE OF BIRTH: _____
 PERMANENT ADDRESS: _____ CITY: _____
 STATE: _____ ZIP CODE: _____ PHONE: _____

2.
 ETHNIC GROUP: African American _____ Mexican American _____ Puerto Rican Mainland _____
 Puerto Rican Commonwealth _____ Caucasian American _____ Native American _____
 Asian American _____ Other (specify) _____

3.
 CITIZENSHIP: U.S. Citizen _____ U.S. Permanent Resident _____ Other _____

4.

Parents or Guardian	Name	Occupation	Legal Residence	Living	
				Yes	No
Father	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Mother	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Ages of Brothers _____		Ages of Sisters _____			

5.
 Secondary School Name _____ State _____ Year of Graduation _____

List in chronological order all Undergraduate and Graduate Colleges attended (including summer school)

Institution	Location	Dates	Major	Degree Granted
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all graduate or professional schools attended (including Medical School)

Institution	Location	Dates	Major	Degree Granted
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Has your education to date been continuous other than for vacations? Yes No
If no, or if not now in college, indicate what you have done while out of school since graduation.

7. In what extracurricular, community or avocational activities did you participate while in college (include offices held)?

8. What honors did you receive while in college (include honorary societies)? _____

9. Have you been employed during the regular school year while in college or graduate school? Yes No

A. Currently: _____

B. Previous to this year: _____

10. Have you held summer jobs during college? Yes No

If yes, specify type of work and year: _____

11. Have you had any military experience? Yes No

If yes, complete the following: Branch of Service _____ Date of entry _____

Highest rank or grade achieved _____ Reserve status _____

Date and type of discharge or separation _____

Are you eligible for veterans benefits? Yes No If yes, under which law? _____

If the answer to questions 12-15 is yes, please
explain fully in the space following question 15 or on a separate sheet

12. Have you ever matriculated or attended any medical school as a candidate for the M.D. degree? Yes No

13. Were you ever required to leave any college, graduate or professional school or ever denied readmission because of deficiencies in either conduct or scholarship? Yes No

14. Do you have any chronic or recurrent illnesses, emotional problems, or bodily defects? Yes No

15. Has your schooling or employment ever been interrupted because of the health problems referred to in question 14? Yes No

16. Please provide a detailed description of your clinical background. Applicants must submit evidence of proficiency in physical diagnosis, elicitation of a medical and health history, and organization problem oriented record. (Attach an addendum to this application if you need more space.)

17. FOR PERSONAL COMMENTS: This space may be used in any way you wish and may be done on a personal computer.

Please calculate your science and non-science grade point averages
(Omit courses for which you received a P or pass).

Enter your non-cumulative grade point
Average

(A) 4 x _____

(A) 4 x _____

1. (Freshman) _____

(B) 3 x _____

(B) 3 x _____

2. (Sophomore) _____

(C) 2 x _____

(C) 2 x _____

3. (Junior) _____

(D) 1 x _____

(D) 1 x _____

4. (Senior) _____

(F) 0 x _____

(F) 0 x _____

Quality Points + Semester Hours =

Quality Points + Semester Hours =

Cumulative Undergraduate GPA ____

_____ Science

_____ Non-science

Cumulative Graduate GPA _____

MCATs: Verbal Reasoning _____ Physical Sciences _____ Writing Sample _____ Biological Sciences _____

National Board Information or Medical Sciences Knowledge Profile Information

National Board of Medical Examiners Step 1: Test Date
(An official score report from NBME is required)

Test Score

I certify that the information submitted is complete and correct to the best of my knowledge and belief. Failure to disclose all information or misrepresentation of any information relevant to this application will result in withdrawal from consideration.

_____ Date

_____ Signature