SUPPLEMENTAL STATEMENT

University of Connecticut School of Medicine Office of Medical Student Affairs 263 Farmington Avenue Farmington, CT 06030-1905

Name (last, first):

Email:

AMCAS #:

Date:

Instructions: Submit your completed supplemental statement electronically as an email attachment to <u>UCHCMSSO@uchc.edu</u> and the School of Medicine application fee (\$85) electronically through the UCHC website at <u>https://enrollmentfees.uchc.edu/MedAppFees.html</u>. Both are due within four weeks from the date you received your acknowledgment letter. If you have received an AMCAS fee waiver, submit a copy of the fee waiver statement with your supplemental statement.

By checking this box, I attest that the applicant named above is responsible for completing this supplemental statement.

A. If you are interested in pursuing an MD/Masters Combined Degree Program, check any that apply:

MD/MPH (public health)

MD/MBA (business administration)

MD/MCTR (clinical & translational research)

B. If you are applying for the MD/PhD Combined Degree Program, check your preferred area(s) of concentration in Biomedical Science:

Cell Biology

Genetics & Developmental Biology

Immunology

Molecular Biology & Biochemistry

Neuroscience

Skeletal, Craniofacial & Oral Biology

For information regarding submission of letters of recommendation and interviews, please refer to the webpage at: <u>http://medicine.uchc.edu/prospective/firstyear/index.html</u>. General information about the School of Medicine may be obtained from our website at: <u>http://medicine.uchc.edu</u>.

Revised 06/06/10

- **C.** Questions 1-3 must be completed by all applicants. Your response to each question cannot exceed 1800 characters (with spaces). Type directly in the field or prepare your response with a word processing program and cut and paste it into the field.
- 1. Highlighting *your* experiences in the health care field, what insights have you gained about potential problems you will face as a physician? (Provide details of your health care experiences without providing actual patient names).

2. Describe the activity (curricular or extracurricular) from which you gained the *greatest* personal benefit and insight.

3. How will the University of Connecticut School of Medicine best serve your needs of becoming a physician or physician scientist?