

**ADVANCED STANDING
SUPPLEMENTAL STATEMENT**
University of Connecticut School of Medicine
Medical Student Affairs & Admissions
263 Farmington Avenue
Farmington, CT 06030-1905

Name (last, first): _____ AMCAS #: _____

Email: _____ Date: _____

Instructions: Submit your completed supplemental statement electronically as an email attachment to admissions@uchc.edu

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

- Business Administration
- Clinical & Translational Research
- Public Health

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

- Cell Analysis & Modeling
- Cell Biology
- Genetics & Developmental Biology
- Immunology
- Molecular Biology & Biochemistry
- Neuroscience
- No Major/Not Applicable
- Skeletal, Craniofacial & Oral Biology

Please limit your responses to 1800 characters, including spaces, for each essay question.

3. Highlight your experiences in the health care field. What insights have you gained about potential problems you will face as a physician?

4. By typing my name and the date in the text box below, I acknowledge that I have read the [Technical Standards](#) document and attest that I can meet all of the standards with or without reasonable accommodations.

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

I attest that I am responsible for completing this supplemental statement.

Signature: _____ **Date:** _____

Print Name: _____