

# Application for Admission to the Medical Education Program



## Carver College of Medicine

Please read the instructions on page 3 before completing this application.

### A. Personal Information

- Name \_\_\_\_\_  
last (family or surname) first (given name) middle
- Maiden Name \_\_\_\_\_ Should this name be included on your University records?  yes  no
- U.S. Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Gender (optional)  male  female
- Birthdate \_\_\_\_\_  
mo/day/yr
- List other name(s) that may appear on transcripts, scores, or other materials being submitted \_\_\_\_\_
- Current mailing address \_\_\_\_\_  
street city state/country ZIP county (if Iowa)
- Home address if different from above \_\_\_\_\_  
street city state/country ZIP county (if Iowa)
- Phone number(s) where you can be contacted concerning this application ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
home work or school
- Birthplace \_\_\_\_\_  
city state/country
- E-mail address \_\_\_\_\_
- Citizenship  U.S. citizen;  U.S. permanent resident (attach a copy of your Permanent Resident [green] Card);  other (specify) \_\_\_\_\_
- Country of citizenship \_\_\_\_\_ Current immigration status, if applicable (see instruction item A13) \_\_\_\_\_  
Which immigration status do you intend to hold while enrolled here? \_\_\_\_\_
- Racial/ethnic/tribal/affiliation information (optional, see instruction item A14)  
 Alaskan Native or American Indian  Hispanic/Latino(a)  Asian  
Tribal/Nation Affiliation: \_\_\_\_\_  
 African American/Black  Hawaiian or Other Pacific Islander  White, not of Hispanic/Latino(a) origin

### B. Educational Information

- I am applying for the session beginning (for application deadlines, see instruction item B1):  
 Fall (August) 20\_\_\_\_;  Spring (January) 20\_\_\_\_;  Summer (June) 20\_\_\_\_
- Have you previously (or are you currently) registered for courses (on campus, correspondence, extension) at The University of Iowa?  yes  no
- Have you previously applied for admission to the UI Medical Education program?  yes  no If yes, for which session? \_\_\_\_\_
- List the institution where you received your medical degree.  

name of institution	city/state	from (mo/yr-mo/yr)	type of degree	date degree earned/expected
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
- Undergraduate major \_\_\_\_\_
- Undergraduate minor \_\_\_\_\_
- List the high school from which you graduated \_\_\_\_\_  
name city state/country year graduated
- Where and when did you complete your residency program?  

name of institution	city/state	from (mo/yr-mo/yr)	type of program
_____	_____	_____	_____
_____	_____	_____	_____
- What is your native (first) language? \_\_\_\_\_
- English Proficiency for Nonnative Speakers: I  plan to take/  took the TOEFL in \_\_\_\_\_ / \_\_\_\_\_ (see instruction item B10)

The University of Iowa requests this information for the purposes of processing your application for admission. Persons outside the University are not routinely provided this information except for directory information, such as name and local address. Although responses to items marked "optional" are optional, responses to all other items are required in order for us to take action.

The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information contact the Office of Equal Opportunity and Diversity, 319-335-0705.

-for office use only-

M \_\_\_\_\_ 197 MY  
COL Y/S HC RES FOR FS E SCo ST PCo FEE Org Y/S Col Code Dpt Class Refcode

### C. Statement in Determination of Residency

1. Do you consider yourself a resident of the state of Iowa?  yes  no If yes: a) when did this residency begin? \_\_\_\_\_  
mo/yr
2. Please give a chronological account of your major activities (including summers) for the three years immediately preceding your proposed entry to The University of Iowa Medical Education program.

from (mo/yr) to (mo/yr)	activity (i.e., work, school, military)	location (city/state)

### D. Special Consideration Request

If you feel that adverse conditions have played a substantial role in your educational development and if you would like the Admissions Committee to weigh the factors involved, please describe your situation on a separate sheet of paper and give a brief explanation of its impact on your academic record. Examples of circumstances that could merit special consideration are significant economic, social, physical, or cultural factors in your background.

1. If you believe that your undergraduate grade-point average does not accurately reflect your ability, please specify the conditions (e.g., illness) or obligations (e.g., employment) that interfered with your performance and why. If employment was the cause, indicate why you worked; how many hours per week you worked during each semester; and the type of employment.
2. Describe anything you have done since your graduation from medical or graduate school that you believe reflects your ability to do competent work in this program more accurately than your MCAT scores and grade-point average indicate.

### E. Certification

I certify that to the best of my knowledge all information given on this application is correct and complete, and I understand that any material omission or misinformation concerning enrollment in other colleges or universities or the results of my criminal background check may void my admission or result in dismissal.

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signature of applicant

date

# The University of Iowa

## Application Instructions and Additional Information

Your interest in the Medical Education Program is appreciated. We are proud of the excellence of our academic programs and believe that our students find the University and the community a satisfying and rewarding place to further their education. We hope that you have an opportunity to visit the campus.

### Application Instructions

Answer every question that applies to you. Make sure that your name appears at the top of each page of written material that you attach to this application.

#### A. Personal Information

**A1. Name**—List your name as you would like it to appear on all University records (or as it appears on your passport). If your name changes prior to enrollment, please notify the Office of Admissions in writing.

**A3. US Social Security Number**—We will use your Social Security Number to verify your identity for record-keeping purposes and to help match transcripts and other materials with your application for admission. It will not be used as your student ID number. Your Social Security Number will be safeguarded by the University and will not be displayed on official records or made available to others. If you do not have a Social Security Number, leave this item blank.

**A7-8. Current/Home Mailing Address**—From August 15 through May 15, we will mail materials to you at your current address. From May 16 through August 14, your home address will be used. Correspondence to international students is sent to their current address. Please notify both the Office of Admissions and the Medical Education Program of any address changes.

**A12-13. Citizenship**—Applicants who select “other” must provide their country of citizenship and immigration status (e.g., F1, J1, refugee, asylee, applicant for permanent resident card).

**A14. Racial/Ethnic/Tribal/Affiliation Information**—Your response to this item is voluntary. In order to comply with the U.S. Department of Education regulations concerned with Title VI of the Civil Rights Act, The University of Iowa must report statistical summaries of the student body. This information is held confidential and does not appear on academic records. Information regarding individual students is not supplied outside the University without the student’s written consent. The following are definitions of the categories listed:

**Alaskan Native or American Indian:** a person having origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or community recognition.

**African American/Black:** a person having origins in any of the black racial groups of Africa, not of Hispanic/Latino(a) origin.

**Hispanic/Latino(a):** a person of Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**White, not of Hispanic/Latino(a) origin:** a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

#### B. Educational Information

**B1. Session**—The application deadlines are July 15 for Fall Semester; November 15 for Spring Semester; and April 15 for Summer Session.

**B10. English Proficiency for Nonnative Speakers**—Test of English as a Foreign Language (TOEFL) scores are required except for applicants who:

- have completed a bachelor’s degree or higher at an accredited university in the U.S.
- have an equivalent degree at an accredited university in Australia, Canada (excluding Quebec), New Zealand, United Kingdom, or Africa (English speaking).
- submit acceptable alternative evidence of a high degree of proficiency in English.

Scores must be reported to the University directly from the testing agency. Our TOEFL school code is 6681. For more information, visit [www.ets.org/toefl](http://www.ets.org/toefl).

#### C. Statement in Determination of Residency

The classification of residents and nonresidents for admission and tuition purposes is based upon information furnished by you. If this information changes, notify us. The registrar is authorized to require additional evidence as deemed necessary to verify your status.

### Additional Information

**Application Fee**—A non-refundable \$60 fee (\$85 for international students) is required of all applicants and must accompany your application in order for your request for admission to be considered. Remittance should be in the form of a check or money order. Make checks payable to “The University of Iowa.” Do not send cash.

**Transcripts and Credentials**—Submit an official transcript showing your medical course work and degree. (Current/former UI students do not need to request UI or other transcripts previously submitted to the University.) Transcripts must arrive in a sealed envelope mailed directly from the institution. Credentials submitted for admission become the property of the University and are not returnable or transferable.

**Letters of Reference**—Submit a letter of support from your departmental head and two additional letters of reference.

**Personal Essay**—Submit a 300- to 500-word essay describing your interest in medical education in general and in the degree program in particular.

### Return Application Materials Promptly

Mail your completed application (including the appropriate fees) to:  
Office of Admissions  
The University of Iowa  
107 Calvin Hall  
Iowa City, IA 52242-1396 USA

### How to Reach Us

Our toll-free (USA/Canada only) number is 1-800-553-IOWA.

#### Office of Admissions

Direct-dial number: 319-335-1521  
web site: [www.uiowa.edu](http://www.uiowa.edu)

#### Medical Education Program

Direct-dial number: 319-335-8901  
web site: [www.medicine.uiowa.edu/OCRME](http://www.medicine.uiowa.edu/OCRME)