Instructions for
Horace H. Rackham School of Graduate Studies • University of Michigan
Application Form for MSTP Applicants

The deadline for submitting the Rackham School of Graduate Studies application form is March 1.

This is one of two applications that must be filed to apply to the University of Michigan Medical Scientist Training Program. The other is the Medical School application using the AMCAS service. The University charges one application fee per academic year. Therefore, if the medical school application is submitted first, no further fee is required to file the Rackham Graduate School application form. If the applicant is already enrolled in the medical school, an application fee of $60.00 must accompany the graduate school application. Checks should be made out to the University of Michigan.

Please type or print legibly on the application form. Do not leave any section blank. For selected entries, please refer to the following explanatory comments:

Box 1. Note the line "check here if also submitting an application to a non-Rackham program." You should place an *x* on the line unless you are already enrolled in the University of Michigan Medical School, since the application to the Medical School is an application to a non-Rackham program.

Box 17. GREs are *not* required for the MSTP except for Biomedical Engineering applicants or applicants seeking consideration for a degree in public health or through the College of Literature, Science & Arts (e.g. history).

Box 18. For students attending pass/fail institutions, please indicate such in the space provided.

Box 19. Employment: List current or most recent employment (including homemaking and work related to your field of specialization). Information given *must* cover the last eighteen month period unless reported under Box 16., "Education." Be sure to provide city, state, and country for each listing. Enter "none" if appropriate.

For additional assistance, telephone the MSTP Office at (734) 764-6176 or email us at mstp@umich.edu. Return this form to:

Medical Scientist Training Program
University of Michigan Medical School
2965 Taubman Medical Library
1150 W. Medical Center Drive
Ann Arbor, MI 48109-0619

Horace H. Rackham School of Graduate Studies • University of Michigan

Application form for **Medical Scientist Training Program** Applicants

1. Have you previously made an application to any Rackham Graduate School program? ___ no ___ yes

_____ Check here if also submitting an application to a non-Rackham program.

2. United States Social Security Number _____

3. Full Name: _____

last/family name first middle other names

4. Permanent Address (valid until _____)

street, apt#

city, state, mail/zip code

country

daytime telephone: area code/number

electronic mail address

5. Current Mailing Address (valid until _____)

street, apt#

city, state, mail/zip code

country

daytime telephone: area code/number

electronic mail address

6. Citizenship:

_____ U.S. Citizen

_____ U.S. Permanent Resident; Perm. Res. A# _____

If U.S. Perm. Res. name your country of citizenship _____

7. ___ Male ___ Female

8. Birthdate _____ month/day/year

9. Birthplace: (City, State/Country) _____

10. Residency:

_____ Michigan Resident, since _____ (month/year)

_____ Non-Michigan Resident

11. Race/Ethnicity

1) _____ African American/Black (not of Hispanic origin)

2) _____ Asian or Pacific Islander (includes the Indian sub-continent)

3) _____ American Indian or Alaskan Native Tribe Tribal affiliation: _____

4) _____ Puerto Rican/Mexican American (specify): _____

5) _____ Hispanic (other than above) Specify: _____

6) _____ Multi-racial or Multi-ethnic (parents are of two or more of the above groups). Specify: _____

7) _____ White

12. Program Name: Medical Scientist Training Program numeric code: 0 0 2 8 9

13. Program Level:

X 25 Doctoral Program

14. Term of Proposed Enrollment:

X Summer Half July 1, 2003

15. Location of Proposed Enrollment:

X Ann Arbor

16. Education: List all institutions where you have received or will receive a degree. In addition, list all other post-secondary institutions attended.

Institution	Location (City,State/Country)	Major Field	Degree/Diploma	Dates Attended from - to	Date Deg. Rec'd or Expected	Code - Office use

17. GRE: date taken or expected to _____ GRE scores and percentiles (if available) ____ / ____ % ____ / ____ % ____ / ____ %

GRE subject score and percentile (name subject) _____ test name _____ score _____ %

18. Undergraduate grade point average (GPA): _____ on a _____ scale. Pass/Fail _____

19. Employer City,State/Country Position/Title Dates: From-To

20. Have you ever been convicted of a criminal offense other than a minor traffic violation, or been declared delinquent by a juvenile court, or are there such charges currently pending against you at this time? If yes, please submit a statement of explanation. ☐ No ☐ Yes

21. I certify I have read all instructions and that information in this application is true and complete. I understand that misrepresentation may be cause for cancelling my admission, financial award, or appointment. I understand all credentials and documents I submit become the property of the University of Michigan.

Signature _____ Date _____