

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: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> last/family name first middle other names </div>															
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 _____ <div style="text-align: right; font-size: small;">month/day/year</div> 9. Birthplace: (City, State/Country) _____ 10. Residency: ☐ Michigan Resident, since _____ (month/year) ☐ Non-Michigan Resident														
11. Race/Ethnicity <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> 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: _____ </div> <div style="width: 50%;"> 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: _____ </div> <div style="width: 50%;"> 7) ☐ White </div> </div>															
12. Program Name: <u>Medical Scientist Training Program</u> numeric code: <u>0</u> <u>0</u> <u>2</u> <u>8</u> <u>9</u>															
13. Program Level: ☒ 25 Doctoral Program	14. Term of Proposed Enrollment: ☒ Summer Half July 1, 2003														
15. Location of Proposed Enrollment: ☒ 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. <table style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="text-align: left;">Institution</th> <th style="text-align: left;">Location (City, State/Country)</th> <th style="text-align: left;">Major Field</th> <th style="text-align: left;">Degree/Diploma</th> <th style="text-align: left;">Dates Attended from - to</th> <th style="text-align: left;">Date Deg. Rec'd or Expected</th> <th style="text-align: left;">Code - Office use</th> </tr> </thead> <tbody> <tr> <td colspan="7" style="height: 40px;"> </td> </tr> </tbody> </table>		Institution	Location (City, State/Country)	Major Field	Degree/Diploma	Dates Attended from - to	Date Deg. Rec'd or Expected	Code - Office use							
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 _____															