

Supplemental Application for
Kansas M.D.-Ph.D. Physician Scientist Program
University of Kansas Medical Center

Date _____

Name _____
 First **Middle** **LAST**

Current Mailing Address:

Street _____ Apt. No. _____
City _____ State _____ Zip _____

Permanent Address: Same as mailing []

Street _____ Apt. No. _____
City _____ State _____ Zip _____

Home Phone: _____ **Cell Phone:** _____

Other you prefer? _____

E-mail Address: _____ @ _____

EDUCATION:

Institution (s): attended:	Major	Degree	Date	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MCAT Scores: Date 1: _____ Total _____
Date 2: _____ Total _____

GRE Scores (if taken) : Date 1 _____ Verb _____ Quant _____ Adv: _____

RESEARCH:

Experience:

1. Type: _____ Date(s): _____
Location: _____ Mentor: _____
2. Type: _____ Date(s): _____
Location: _____ Mentor: _____

Publications (authors; title; Journal; volume; pages; year - add page if needed):

1. _____

2. _____

3. _____

Presentations (title; name of meeting; date; poster or platform -add page if needed):

1. _____
2. _____
3. _____

AWARDS & HONORS:

LETTERS OF RECOMMENDATION: Please have these downloaded through AMCAS if possible, if not, have them emailed directly to jfletcher@kumc.edu.

Research Interest(s) currently / Department(s) considering for Ph.D.:

1. _____
2. _____

Clinical Medicine Field(s) of Interest, currently:

1. _____
2. _____

List other MD/PhD Programs you have or will apply to: _____

Please complete and email to jfletcher@kumc.edu

M.D.-Ph.D. Physician Scientist Program
University of Kansas Medical Center
3901 Rainbow Boulevard, MS 3062
Kansas City, Kansas 66160-7700
Janice Fletcher 913-588-5241 jfletcher@kumc.edu

<http://www.kumc.edu/md-phd-program>