

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

Name _____
First Middle Last Preferred

Current Mailing Address:

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

Permanent Address: Same as mailing []

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

Phone Number: _____

E-mail Address: _____

EDUCATION:

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

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

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):

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

Awards and Honors:

LETTERS OF RECOMMENDATION: Please have these downloaded through AMCAS as per the guidelines for KU School of Medicine. All letters should acknowledge that you are applying to an MD-PhD program, and one letter must be written by a mentor from a prior research experience(s) and address your potential for research.

Please list the name(s) of your letter writer who is your research mentor:

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

Clinical Medicine Field(s) of Interest, currently:

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

Please complete and email to awolf5@kumc.edu

M.D.-Ph.D. Physician Scientist Program
University of Kansas Medical Center
3901 Rainbow Boulevard, MS 3062
Kansas City, Kansas 66160-7700

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