

GW Application Process Information

(PLEASE KEEP THIS PAGE FOR YOUR RECORDS.)

The George Washington University School of Medicine and Health Sciences Admissions Office is committed to providing outstanding service to our applicants. As we have approximately 13,000 applicants per year, we ask that the website and admissions handbook serve as your first resource to answer any specific questions you may have about our medical program. If you have more general questions about your competitiveness or eligibility to apply to medical school, you should first talk with your school's own pre-medical advisor or a trusted faculty member. Questions specific to our program can be addressed via email at medadmit@gwu.edu.

TO PREVENT PROCESSING DELAYS, please use this application checklist:

- ☐ **Please pay the \$125 application fee [online](#).** Do not send cash or check for the application fee. We will send you an e-mail that indicates our receipt of your application fee with a confirmation number. Please write this 8 digit number in the fee payment authorization code box at the top of the application.
- ☐ Please be sure that you submit a completed application, with **3 pages** in total, **all questions answered** directly on the application, and that you have **signed and dated** the final page.
- ☐ **Remember: Your file will not be reviewed until we have received this completed application AND AMCAS has indicated to us that all your letters of recommendation have been received.**
- ☐ We will send you an e-mail that indicates receipt of your secondary application and a second email when your file has been completed. Please be patient in waiting for the receipt of these emails as it does take some time to process your application materials.
- ☐ Only MCAT scores from April 2007 through September 2009 will be accepted.
- ☐ For any changes in your contact information, notify AMCAS directly as they automatically override our system with their most current information on file.
- ☐ **Please make a copy of the application for your records and keep this page as a reference to our admission policies.**

Interview Information

We will conduct applicant interviews from September 2009 through March 2010. Our office follows a rolling admissions policy which means interviews are offered as **completed** files are reviewed. Applicants will be notified via email invitation if selected for an interview. Every year many completed files are reviewed and then placed on hold for review at a later date. Should a later interview be granted, we will notify you via email invitation immediately.

MD/MPH PROGRAM

Applicants interested in applying to the five year combined Doctor of Medicine/Master of Public Health joint degree program should complete this secondary application and contact the School of Public Health and Health Services (SPHHS) at <http://www.gwumc.edu/sphhs/> for more information about the MPH application process. There is a separate application process.

MD/PhD PROGRAM

GW offers an eight-year program that integrates an MD degree with a PhD degree granted by selected biomedical science graduate programs. Applicants interested in applying to the MD/PhD program should complete this application for the MD program **and** the graduate application. To fill out a PhD application and for more information about specific PhD programs, please visit the Graduate Admissions Office website at <http://www.gwu.edu/~gradinfo/> or contact the individual departments through the biomedical sciences website: <http://www.gwumc.edu/ibs/>.

The George Washington University does not unlawfully discriminate against any person on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or sexual orientation. This policy covers all programs, services, policies, and procedures of the University, including admission to educational programs and employment. The University is subject to the District of Columbia Human Rights Act. Inquiries concerning the application of this policy and federal laws and regulations concerning discrimination in education or employment programs and activities may be addressed to Val Berry, Chief Human Resources Officer, The George Washington University, 2033 K Street, NW Suite 220, Washington, D.C. 20052, (202) 994-9600; to the Assistant Secretary for Civil Rights of the U.S. Department of Education; or to the Director of the U.S. Equal Employment Opportunity Commission/Washington Field Office. To request disability accommodations, students should contact the Office of Disability Support Services, (202) 994-8250 (TDD/voice), and employees should contact the Equal Employment Opportunity Department, (202) 994-9656 (voice) or 9650 (TDD).

GW is committed to assisting all members of the GW community in providing for their own safety and security. The annual security compliance document is available on the UPD website at <http://www.gwired.gwu.edu/upd/compliance>. If you would like to receive a booklet called "The Pride Brochure" which contains this information, you can stop by the University Police Department at 2033 G Street, NW, Woodhull House, Washington, DC, 20052 or you can request that a copy be mailed to you by calling (202) 994-6948. The website and booklet contain information regarding campus security and personal safety including topics such as: crime prevention, university police law enforcement authority, crime reporting policies, disciplinary procedures and other matters of importance related to security on campus. They also contain information about crime statistics for the three previous calendar years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by GW; and on public property within, or immediately adjacent to and accessible from the campus. This information is required by law and is provided by The George Washington University Police Department.

**DOCTOR OF MEDICINE PROGRAM
SECONDARY APPLICATION
Fall 2010 Entering Class**

*Photograph required at time of
interview.*

(Optional at this time.)

- **This secondary application must be postmarked by January 1, 2010.** Please note that the Doctor of Medicine Admissions Office follows a **rolling admissions policy** in that decisions about interviews and acceptances are made as applications and letters of recommendation are received and processed.
- **Applications must be filled out completely and answered only in the space provided.** Do not reference your AMCAS application.
- This application may be typewritten or completed in black ink, or you may type directly on this application using Adobe Acrobat. Before you mail this application to the address above, please make sure you **sign the application** and **fill in your fee payment authorization code**, which will be given to you upon online credit card payment. Failure to do so will result in a delay of your application processing by several weeks..
- Only MCAT scores from April 2007 through September 2009 will be accepted
- Please note: Evaluation of your file may not begin until four or five weeks after we receive this completed and signed application, the \$125 non-refundable secondary fee (or documentation of AMCAS fee waiver) and your letters of recommendation. We **strongly urge** applicants to return their application to us and submit their letters to AMCAS as soon as possible.
- **Please keep a copy of your completed application for your records.**

1. Full Legal Name:

Last First MI

2. Have you ever registered at any institution under a different name?

Yes: ☐ No: ☐

If yes: Name: _____

Where: _____

3. Email Address: _____

4. Mailing Address to Send Correspondence: (Current Until: _____)

Street Address: _____ City, State, Zip: _____

Home Telephone Number: _____ Secondary Telephone Number: _____

****PLEASE KEEP EMAIL & MAILING ADDRESS CURRENT with AMCAS.** It is your responsibility to update this information in order to receive communication from us regarding your application status.

5. Country of Birth: _____ Place of Birth (City, State): _____

If you were born outside of the United States:

* Are you currently a United States Citizen? Yes: ☐ No: ☐

IF you answered Yes: Please staple a copy of your U.S. citizenship documentation (e.g. passport) to this application

* Are you currently a Canadian Citizen? Yes: ☐ No: ☐

If yes, you will need to complete a Financial Certificate provided to you at the time of interview.

* Are you currently a U.S. Permanent Resident? Yes: ☐ No: ☐

IF you answered Yes: Please staple a photocopy of your U.S. permanent Resident card to this application

If you have answered “no” to all of the above, you **must** contact the Office of International Medicine Programs at (202) 994-2796 for information on a five- year program that prepares students without U.S. Citizenship, Canadian Citizenship or U.S. Permanent Residency for medical practice in their home countries. **NOTE: We can only accept US Citizens, Canadian Citizens and U.S. Permanent Residents into the regular four-year MD program.**

<p>AMCAS ID #:</p> <p>_____</p> <p>Fee Payment Code (Required):</p> <p>_____</p>
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For questions 6 – 10, please use only the space provided on this application. In order to expedite the processing of your application, please **do not** submit responses on additional sheets. Do not simply reference your AMCAS web application.

6. Have you ever been convicted of, plead guilty, or plead no lo contendere (i.e. no contest, I do not wish to contend) to a criminal offense? Have you ever been arrested for a felony or misdemeanor?

***In the event that the answer to this question changes or requires an update, please submit information to medadmit@gwu.edu.*

Yes: ☐ No: ☐ If yes, please **explain. Please restrict your answer to five lines.**

7. Have you completed a minimum of 90 undergraduate semester hours at an accredited U.S. or Canadian school? (NOTE: Transfer credits from foreign institutions are NOT considered. Formal study abroad coursework through your degree granting institution is acceptable if listed on your undergraduate transcript.)

Yes: ☐ No: ☐ If not, by when? _____

Have you completed all of your prerequisite coursework at an accredited American or Canadian institution as listed in question #8?

Yes: ☐ No: ☐ If not, by when? _____

8. Please list the required courses that fulfill our prerequisite requirements below.

- If you are completing a prescribed premedical sequence from your institution, please list all the courses required to complete the sequence in the chart. We do understand that not all sequences may fit perfectly. **Please remember, we will have access to all your coursework on your AMCAS application and will be able to use that information in addition to what is provided below.**
- If your lecture and lab are combined, please check the appropriate box. There is no need to repeat the course in the lab section.
- If a course is current/future, please write “IP” in the grade received column.
- If AP/IB credit, please write “AP” or “IB” in the grade received column. Please note that this credit must appear on your official transcript and you may be required to submit further documentation upon request.
- If your college utilizes a quarter or trimester system, please convert your credits into semester credit hours. Please refer to the AMCAS website, <http://www.aamc.org/students/amcas/2010conversionguide.pdf> for conversion information.

Required Courses (hrs)	Course Number	Course Title	Lab and Lecture Combined?	Earned Credit Hours	Grade Received	Year Taken (ex. 2002)
Biology (6hrs)			Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Biology Lab (2hrs)						
Chemistry (6hrs)			Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Chemistry Lab (2hrs)						
Organic Chemistry (6hrs)			Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Organic Chemistry Lab (2hrs)						
Physics (6hrs)			Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Physics Lab (2hrs)						
English (6hrs)						

9. For the 2009-2010 application cycle, please indicate activities, coursework, employment, or other occupations for that period to account for full-time involvement. **Please restrict your answer to two lines.**

10. What do you feel is your most significant non-academic accomplishment? **Please restrict your answer to 5 lines.**

11. What is your specific interest in the MD Program at GW? What opportunities would you take advantage of as a student here? Why? **Please restrict your answer to 8 lines.**

LETTERS OF RECOMMENDATION

- To complete their file, applicants are required to submit either:
 - ◇ A Pre-Health or Pre-Medical Committee Letter (required if available to you)
 - OR**
 - ◇ Three individuals letters (with a maximum of 5), at least one of which must be from science faculty familiar with your academic work.
- GW participates in the AMCAS letter service. All letters of recommendation must be submitted to AMCAS, which then electronically forwards the letters to the participating medical schools. For full information, please see the AMCAS application site at www.amcas.org. **All letters of recommendation MUST come through the AMCAS letters system. Please do not send letters directly to our office.**
- Your file will be considered complete when all of the letters designated in the AMCAS System are marked as complete. If you submit additional letters after your file is complete, they will be included in the review of your file ONLY if your file has not been reviewed or upon a re-review of your file.

I HEREBY CERTIFY THAT I HAVE PERSONALLY COMPLETED THIS FORM AND THAT THE INFORMATION IS COMPLETE AND ACCURATE AND THAT I HAVE NOT OMITTED ANY MATERIAL INFORMATION. IN THE EVENT THAT ANY INFORMATION CHANGES, I AGREE TO SEND AN UPDATE TO MEDADMIT@GWU.EDU IMMEDIATELY.

The submission of false or misleading information or concealing material information on this application form or in connection with the application process shall be grounds for rejection. If such submission is discovered after entrance into school or award of degree, it shall be grounds for immediate dismissal or for revocation of the degree. I understand if conditionally accepted I must undergo a criminal background check via the AMCAS application service.

Applicant's Signature

Date

**UNSIGNED APPLICATIONS
WILL NOT BE PROCESSED.**