

# Kansas City University of Medicine & Biosciences

1750 Independence Ave. • Kansas City, MO 64106-1453 1-800-234-4847 (outside the Kansas City area) • 816-283-2000 (within the Kansas City area)

## SUPPLEMENTAL APPLICATION FOR ADMISSION

ALL INFORMATION MUST BE LEGIBLE -PLEASE TYPE OR PRINT

### \$50 NON-REFUNDABLE APPLICATION FEE

Name: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Mailing Address: \_\_\_\_\_  
STREET APT #

\_\_\_\_\_  
CITY STATE ZIP

Phone(h): \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ SS#: \_\_\_\_\_  
OPTIONAL, FOR IDENTIFICATION PURPOSES ONLY

Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

Are you a U.S. Citizen: ☐ Yes ☐ No (If no, please supply a photocopy of your INS documentation with this application)

Has your education to date been continuous other than for vacations? ☐ Yes ☐ No

(If no, or if not in college, indicate what you have done while out of school or since graduation)

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**For questions 1-4, you may submit a resume instead. Please make sure your resume includes answers from all questions.**

1. In what extracurricular, community/volunteer or vocational activities have you participated? (include offices held)

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2. What honors did you receive while in college or after completion of college (include honor societies)?

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3. Have you been employed during the regular school year while in college or graduate school? If YES, specify type of work (especially medicine-related) and approximate hours per week.

Currently working: \_\_\_\_\_

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Previous to this year: \_\_\_\_\_

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Summer/ Paid Internship: \_\_\_\_\_

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4. Served in the United States Military Service

Branch of service \_\_\_\_\_

Date of entry \_\_\_\_\_

Highest rank or grade received \_\_\_\_\_

Date of discharge or separation \_\_\_\_\_

Reserve status \_\_\_\_\_

5. Do you speak any languages other than English? If so, which ones?

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6. Have you been involved in research? If so, briefly describe the research project, your role and the project's duration and scope. \_\_\_\_\_

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Questions 7-8: If you answer "yes" to question 7 or 8, please explain fully. Use a separate sheet, date and sign it, and append it to your application.

7. Have you ever been convicted of or have pending a felony or misdemeanor? (\*If the answer to this question changes after submission of this application, you must notify the Office of Admissions.) ☐ Yes ☐ No If Yes, please explain:

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8. Have you ever matriculated in or attended any professional school? ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

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9. List all colleges/universities attended and dates:

NAME OF COLLEGE/UNIVERSITY

DATES OF ATTENDANCE


**Questions 10-12: List below only those individuals who will be submitting evaluations on your behalf.**

10. Give the name of the premed advisor or premed committee chair and the address of the college/university where he or she teaches. (If an advisor or committee is not available, type "SUBSTITUTING" and list the name, address and phone number of the substitution.) \_\_\_\_\_

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11. Give the name of a science instructor personally familiar with your academic work and the address of the college or university where he or she teaches. \_\_\_\_\_


12. Give the name and address of a physician, preferably an osteopathic physician, with whom you are acquainted.


13. I have been treated by an osteopathic physician. ☐ Yes ☐ No

14. I have more than a casual relationship with an osteopathic physician. ☐ Yes ☐ No  
(i.e., family physician, relative or close friend)

15. I grew up in a town of

- ☐ Less than 10,000 people
- ☐ 10,000 to 50,000 people
- ☐ More than 50,000 people

16. What has been your primary source for learning about KCUMB? (optional; for research purposes only)

- ☐ KCUMB representative on college campus at: \_\_\_\_\_
- ☐ Premed group meeting
- ☐ Health professions fair
- ☐ Premed Advisor
- ☐ Osteopathic Physician
- ☐ KCUMB Publications
- ☐ KCUMB Website
- ☐ Visit to Kansas City University of Medicine and Biosciences Campus
- ☐ Other \_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Print Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By submitting this application I agree, if admitted, to abide by and be subject to the University's rules, regulations and disciplinary code. Kansas City University of Medicine and Biosciences retains the right to change existing programs and policies without notice.