

# Rush Medical College Signature Form 2008

\_\_\_\_\_  
Print Name as listed on the AMCAS application

\_\_\_\_\_  
AMCAS ID#

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Social Security Number

## Required Documents:

### 1. Proof of Citizenship

Provide proof of U.S. citizenship or permanent residency status by attaching to this document a photocopy of a U.S. birth certificate, U.S. passport, or both sides of a "green card." Copies of State Drivers License/ID Card or Social Security Card are not sufficient.

### 2. Application Fee

Nonrefundable Application Fee - \$70.00

Staple your check or money order for \$70.00, payable to Rush Medical College, to this form. If you submit a cashier's check, make certain your name, address, and AMCAS ID# are clearly printed.

**OR**

Fee Waiver – no application fee is enclosed

AMCAS will notify Rush Medical College of a qualified fee waiver. In turn, we will waive this and any subsequent application fee.

## Applicant's Statement

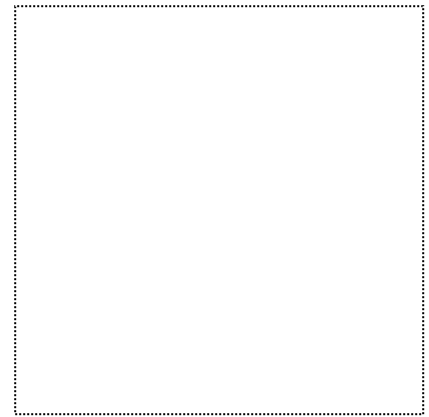
I hereby affirm that the information provided in the Rush Supplemental Application, the AMCAS application, and on this Signature Form is true and complete to the best of my knowledge. Any falsified information or significant omissions may disqualify me from further consideration for admission to Rush Medical College, and may be considered as justification for dismissal if discovered after my admission to Rush Medical College.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Sign, attach all required documents, and mail with this form to:

Office of Admissions  
Rush Medical College  
Armour Academic Center, Suite 524-H  
600 South Paulina Street  
Chicago, Illinois 60612



Attach a 2"x 2" passport-style photo.  
Write your name and AMCAS ID#  
on the back and staple to this page.