

N A M E _____
(Please Print Your Name)

U n i v e r s i t y o f A l a b a m a S c h o o l o f M e d i c i n e



The University of
Alabama at Birmingham

Supplemental Application

*The University of Alabama at Birmingham
administers its educational programs
and activities, including admissions,
without regard to race, color, religion,
sex, national origin, age, handicap,
or marital status.*

**This completed Supplemental Application
and all requested materials should be forwarded to:**

University of Alabama School of Medicine
Medical Student Services
Attention: Admissions
Volker Hall P-100
1530 Third Avenue South
Birmingham, AL 35294-0019
Telephone (205) 934-2332
Fax (205) 934-8724

E-mail address: admissions@uasom.meis.uab.edu

1. Name _____

2. What name do you go by on a first-name basis? _____

3. Preferred mailing address: _____

_____ ☎ (Dorm)

_____ ☎ (Work)

E-mail address: _____

4. Where is your legal residence?

City _____ County _____ State _____

5. What town or city do you consider as your "HOMETOWN"? (This represents the location in which you spent the **majority** of your childhood or youth.)

City _____ County _____ State _____

Do you consider yourself a "rural applicant"?

Yes

No

If "yes", please explain briefly:

6. Name and address of parent, guardian or nearest relative. (Do not include spouse.)

Name: _____ Relationship: _____

_____ ☎ (Home)

_____ ☎ (Work)

7. Including this application, how many times have you applied to the University of Alabama School of Medicine? _____

Have you previously applied to another medical school?

Yes

No

8. If you are a reapplicant, how have you improved your overall credentials for the current application?

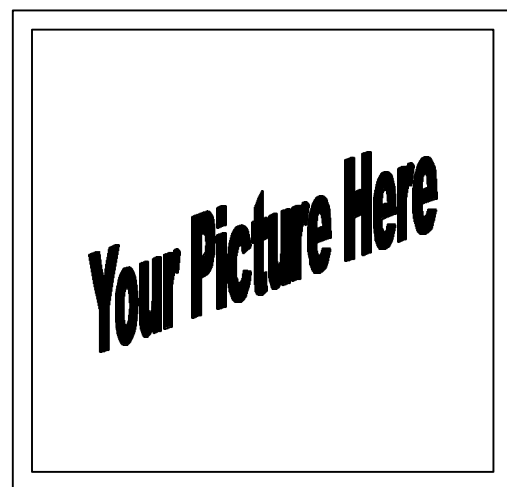
**Are you applying to the Medical Scientist Training Program?
(Combined MD/PhD Program)**

Yes

No

9. Precollege Test Scores

A.	S.A. T.			
		Verbal	Math	Total
<hr/>				
B.	A. C. T.			
		Composite		
<hr/>				
C.	Other			
<hr/>				



10. Personal Comments

The Admissions Committee considers the subjective information provided by you to be helpful in developing a better understanding of you as an individual. If you did NOT complete the "Personal Comments" section on Page 2 of the AMCAS application, please type comments on a single sheet of paper and include them with this supplemental application. (Check below)

I completed the "Personal Comments" section on the AMCAS application.

I did **NOT** complete the "Personal Comments" section on the AMCAS application. My "Personal Comments" are included with this supplemental application.

11. You cannot obtain licensure required of a physician in certain states if you have been convicted of a felony. Have you ever been convicted of a felony?

No **Yes**

(Note: If yes, please submit a letter describing the circumstances of your conviction.)

**STATEMENT OF COMPLIANCE WITH
THE UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE
POLICY ON IMPAIRMENT AND CHEMICAL SUBSTANCE ABUSE**

In compliance with the University of Alabama School of Medicine Policy on Impairment and Chemical Substance Abuse,

I _____, hereby declare
(Please Print Your Name)

that I **do** **or** **do not** abuse chemical substances, (including alcohol).

Signature

Date

12. Preprofessional Advisory Committee Evaluation:

If you intend to have your college or university preprofessional advisory committee to submit an evaluation, check here .

Name of Chair:

Title of Chair:

Name of Institution:



Street Address:

City:

State:

Zip:

13. If your college or university does not have a preprofessional advisory committee, check here .
Letters in lieu of a committee evaluation will be mailed by:

Major Professor or Advisor:

Title or Position:



Address:

Professor in Science area:

Title or Position:



Address:

14. Personal Recommendations:

Name:

Title:

Address:

Name:

Title:

Address:

Signature

Date



Dear Applicant:

Receipt of your AMCAS application to the University of Alabama School of Medicine is acknowledged by the mailing of this supplemental material to you. Please return all requested material and information as soon as possible, but **NO LATER THAN THREE WEEKS FROM THE RECEIPT OF THIS LETTER** in order for the Admissions Committee to review your completed application. **YOU ARE REQUIRED TO:**

- Complete the **SUPPLEMENTAL APPLICATION FORM** (type or print neatly).
- Send a non-refundable **\$65.00 APPLICATION FEE** (make check payable to the **University of Alabama at Birmingham**). This fee is automatically waived if AMCAS has granted you a fee waiver.
- Include a billfold-size **PHOTOGRAPH** (approximately 2 x 3 inches). ***Do not return application unless a photograph is included.***
- Arrange to have your college or university Pre-professional Advisory Committee **EVALUATION** mailed to this office. If your school does not have a committee, please request a letter from your major professor or advisor and a letter from one professor in the science area. If you request these letters in lieu of an evaluation, please list on page 4 of the Supplemental Application Form the names of the professors from whom you request letters of recommendation.
- Have two **PERSONAL RECOMMENDATIONS** forwarded from individuals other than your professors to help the Admissions Committee evaluate you. Please have **no more than two personal recommendations** sent directly to the Office of Medical Student Services/Admissions. On page 4 of the Supplemental Application Form, list the names and addresses of those individuals you request to write on your behalf.
- Send us **GRADE REPORTS** on any course work you have completed after submitting the initial AMCAS application. Also, please advise if you have made changes in your projected course work in your major or in the science/mathematics courses required for entering medical school. **DO NOT** send an official transcript at this time. An official transcript is required only if you are accepted. It is important that you keep your file as up-to-date as possible on all significant materials such as grades, academic honors, major awards, changes in telephone number or address, etc.

After reviewing the above material, the Admissions Committee will select those applicants who will be invited for interviews. The interview process begins in early September and continues through March. The Admissions Committee makes every effort to notify each applicant as soon as final action is taken, and you may be assured that your application will be given careful consideration.

(Please tear off this letter and keep for your records.)

The University of Alabama at Birmingham
 Volker Hall P-100 • 1670 University Boulevard
 Birmingham, AL 35294-0019 • (205) 934-2332

FINANCIAL AID

Financing your medical education is a major concern for most applicants, and every year many inquiries are made prematurely about financial aid. Specific information concerning financial aid is provided only for accepted applicants who have financial aid applications automatically mailed to them. However, on the day of your interview, you will have the opportunity to meet with our Financial Aid Officer to discuss financial aid.

In recent years all students with a “**clean credit report**” who require financial aid to cover full educational budget expenses have been able to find resources available. No specific information is available for you at this time other than what is stated in the School of Medicine Catalog and in the brochure of “**Information for Applicants**” which reads as follows:

Accepted students may apply for loans or scholarships. Available funds are disbursed primarily on the basis of demonstrated financial need. Currently 76% of the students receive financial aid.

Presently the Financial Aid Office provides over 9.5 million dollars in financial assistance to UASOM medical students. If you are accepted, every effort will be made to help you financially, but be aware that resources are limited and therefore some students fail to receive all the aid requested. **If you do not have a clean credit report, you will be denied financial aid.**

All Supplemental Application material, letters of recommendation and the committee evaluation should be mailed to:

**University of Alabama School of Medicine
Medical Student Services/Admissions
P100 - Volker Hall
1670 University Boulevard
Birmingham, AL 35294-0019**

**Telephone (205) 934-2332
Fax (205) 934-8724**

E-MAIL ADDRESSES

admissions@uasom.meis.uab.edu

Visit our website at:

www.uab.edu/uasom/

