MEMORANDUM

TO: Applicants of the Summer Program for Future Doctors
    Non-Matriculating Component

FROM: Richard H. Ray, Ph.D.
      Director, Summer Program for Future Doctors

SUBJECT: APPLICATION MATERIALS

Attached are your application materials for the Summer Program for Future Doctors at the Brody School of Medicine at East Carolina University in Greenville, North Carolina. Please complete or address all items and return them no later than March 2, 2012. If you have any questions, please do not hesitate to call (252) 744-2500.
INSTRUCTIONS

The Summer Program for Future Doctors is sponsored by the Office of Medical Education and Student Development (OMESD) of the Brody School of Medicine at East Carolina University. The program is scheduled for eight weeks starting May 14, and ending July 12, 2012.

All materials within your application packet become the property of the Summer Program for Future Doctors. These materials are held in strict confidence by the Office of Medical Education and Student Development and an appointed Admissions Committee.

Please type or print your responses in black ink. Acknowledge or address each item. If you find it necessary to elaborate on any items, use additional sheets. Please write your name on each additional page.

It is your responsibility to keep the OMESD informed of any changes in your personal status. All recommendations and application materials should be mailed to:

Brody School of Medicine at East Carolina University
Office of Medical Education & Student Development
Summer Program for Future Doctors
2N 64 Brody Medical Sciences Building
Mail Stop 647
Greenville, North Carolina 27834

ADMISSION NOTIFICATION DATES

The Admissions Committee will notify accepted and alternate candidates four to six weeks after the application deadline.

Applications incomplete after March 2, 2012 will not be considered.

The complete application packet must include the following items for full consideration by the Admissions Committee:

- Official Application
- Official Transcript(s) from all Colleges/Universities
- Three (3) Completed Recommendation Forms or Letters
- Personal Essay Sheet
- SAT/ACT Scores
- Official Transcript of MCAT Scores (if taken)
- Current Immunization Record
GENERAL INFORMATION

☐ Ms.  ☐ Miss  ☐ Mrs.  ☐ Mr.  Gender: ☐ Male  ☐ Female  DOB: _____/_____/_______

Name: ________________________________

Current Address: ________________________________

Permanent Address: ________________________________

City / State / Zip: ________________________________  City / State / Zip: ________________________________

Telephone: (____)____________________  Telephone: (____)____________________

E-Mail Address: ________________________________

Are you a veteran?  ☐ Yes  ☐ No

Citizenship Status:  ☐ U.S. Citizen  ☐ U.S. Resident / Non Citizen
  ☐ Foreign, Country: ________________________________

If living outside of North Carolina, what ties do you have with North Carolina?

How do you describe yourself? Please check one:

☐ Asian American  ☐ Native American / Alaskan Native  ☐ Black / African American

☐ White / Caucasian  ☐ Hispanic  ☐ Other: ________________________________
ACADEMIC INFORMATION

Current Status: _____ Freshman   _____ Graduate
_____ Sophomore   _____ Graduate Student
_____ Junior   _____ Earned Graduate Degree
_____ Senior   _____ Post Baccalaureate

List below all colleges and universities attended in the following order: (1) principal undergraduate school; (2) all other schools in chronological order. List your specific major or indicate: summer session only (SS), Special Summer Program (SP), or special postgraduate work (PG). Request that an official cumulative transcript from each postsecondary institution attended be sent to OMESD by March 4, 2011.

Use a separate sheet if you need more space. Please note that attaching a resume/CV does not fulfill the request of information below.

| Undergraduate School | Dates Attended | Major or SS/SP/PG | Degree Granted or Expected Date |
|----------------------|----------------|-------------------|---------------------------------
|                      | From Mo / Yr   | To Mo / Yr        |                                  |

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<th>Graduate School</th>
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List below all college courses completed by course work or Advanced Placement examination and semester credit hours completed in the Biology, Chemistry, and Physics areas. (Use AP to indicate Advanced Placement credit or CLEP). Use S to indicate Spring work in progress or F for Fall work planned.

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<tr>
<th>Biological Sciences (Biology, Zoology, etc.)</th>
<th>Hrs</th>
<th>Chemistry (General, Organic, etc.)</th>
<th>Hrs</th>
<th>Physics</th>
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Cumulative Undergraduate GPA: _______  Science GPA: _______  Non-Science GPA: ____________
NAME_________________________

Have you participated in any summer programs?   ____ Yes   ____ No    If so, list program(s).

Have you applied to medical school?   ____ Yes    _____ No
If the answer is “yes,” give name of school(s), year of application and results to-date:
AMCAS Release form is located on the SPFD website. www.ecu.edu/spfd

Academic Honors
List any academic honors (including honorary societies), awards, special scholarships, or other recognitions you have received since high school.

TEST SCORES
Have you taken the SAT? ____ Yes   ____ No          ACT? ____ Yes  ____ No
If yes, please indicate your scores.

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<th>Most Recent SAT</th>
<th>Verbal Score</th>
<th>Math Score</th>
<th>TWSE Score</th>
<th>Total Score</th>
<th>Date</th>
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<th>Most Recent ACT</th>
<th>English Score</th>
<th>Math Score</th>
<th>Soc. Sci. Score</th>
<th>Nat. Sci. Score</th>
<th>Comp. Score</th>
<th>Date</th>
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Have you taken the Medical College Admissions Test (MCAT)? ____ Yes _____ No
If yes, please indicate your scores.

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<th>1st MCAT</th>
<th>Verbal Reasoning</th>
<th>Physical Sciences</th>
<th>Biological Sciences</th>
<th>Writing Sample</th>
<th>Date Taken</th>
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<th>2nd MCAT</th>
<th>Verbal Reasoning</th>
<th>Physical Sciences</th>
<th>Biological Sciences</th>
<th>Writing Sample</th>
<th>Date Taken</th>
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<th>3rd MCAT</th>
<th>Verbal Reasoning</th>
<th>Physical Sciences</th>
<th>Biological Sciences</th>
<th>Writing Sample</th>
<th>Date Taken</th>
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Do you plan to take the MCAT in the spring?   ____ Yes   ____ No    Fall? _____ Yes   ____ No

Have you ever been suspended, dismissed or placed on probation while in college or university for academic or social reasons?  If yes, use a separate sheet other than the Personal Statement to explain.

_____ Yes   _____ No
WORK EXPERIENCE *(use additional pages if necessary)*

In chronological order list all your work experience since high school beginning with the most recent. Include only those jobs at which you have worked two months or longer. Give a brief description of your responsibilities and indicate if work was paid.

Use a separate sheet if you need more space. Please note that attaching a resume/CV does not fulfill the request of information below.

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<tr>
<th>Dates</th>
<th>Hours Worked</th>
<th>Employer</th>
<th>Position &amp; Responsibilities</th>
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In chronological order list all your **community service experience** since high school beginning with the most recent. Include only those jobs at which you have worked two months or longer. Give a brief description of your responsibilities and indicate if work was paid.

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<th>Dates</th>
<th>Hours Worked</th>
<th>Place</th>
<th>Responsibilities</th>
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NAME _______________________

SUMMER PROGRAM FOR FUTURE DOCTORS
NON-MATRICULATION COMPONENT FOR ADMISSION

PERSONAL ESSAY: Write a 300-word essay stating your reasons for applying to the Brody School of Medicine Summer Program for Future Doctors and your career aspirations.
LETTERS OF RECOMMENDATION

You need to provide three letters of recommendation or use the recommendation forms attached: **two from science instructors and one from someone who has known you for at least three years.** Please list the individuals from whom you have requested letters of recommendation, including their names, title or relationship at school or agency application. The letter of recommendation form is the last two pages of the application. Please make copies to give to your references.

Name: _______________________________ Telephone Number: (___) _____________
Title: ____________________________________________________________
Address: __________________________________________________________
        Street                   City               State        Zip

Name: _______________________________ Telephone Number: (___) _____________
Title: ____________________________________________________________
Address: __________________________________________________________
        Street                   City               State        Zip

Name: _______________________________ Telephone Number: (___) _____________
Title: ____________________________________________________________
Address: __________________________________________________________
        Street                   City               State        Zip
APPLICANT AND FAMILY INFORMATION

Please complete all information requested for natural parents as well as step-parents/guardians, even if the individual(s) is/are not with the family at the present time. DO NOT LEAVE ANY ITEM BLANK

Student Application Data:

1. Are you claimed as a dependent by your parent(s) _____ Yes _____ No
2. If married, is spouse: _____ Student _____ Working (specify occupation) __________________ Other _____________________________.

Provide any additional explanation you wish about your circumstances. If there are any particular financial circumstances we should be aware of, please indicate below (use additional sheets if necessary).

STATISTICAL INFORMATION

Below is a list of information we need for statistical reporting. Funding agencies often use these statistics in their decisions to continue or terminate funding for programs such as the Summer Program for Future Doctors. We report this information in group data form; no individuals are identified. It is imperative that you respond to each item. Your assistance is valuable and appreciated. Thank you.

Marital Status: _____ Single _____ Married _____ Divorced _____ Dependents ________

Home Community: Indicate the type of community you consider “home,” i.e., the place you have spent the majority of your time (outside of school) for the past ten years.

_____ Metro > 100,000 _____ Non Metro < 100,000

Primary (main) college/university you attend(ed):

_____ Private _____ State _____ Metro or _____ Non Metro

Type of college: _____ Predominantly Majority _____ Predominantly Minority _____ Integrated

How did you find out about this program? __________________________________________________________
_____________________________________________________________________________________

Family Background

Father/Guardian: ___________________________ Mother/Guardian: ___________________________

Occupation: ______________________________ Occupation: ______________________________

Residence: _______________________________ Residence: _______________________________

City/State/Zip: __________________________ City/State/Zip: __________________________

Education: ________________________________ Education: ________________________________

_____ High School Grad _____ College _____ Graduate School _____ High School Grad _____ College _____ Graduate School

Affirmation: My signature to this application certifies that all of the information contained in my application is factually correct, honestly presented, and contains no significant omissions. If, at a later date, it becomes clear that this is not so, I agree that the Brody School of Medicine may revoke any offer of admission made to me or dismiss me from the program.

Signed: _______________________________________________________

(Signature must be legible.)
All information needed to complete this application must be submitted by March 2, 2012.

Send to:
Summer Program for Future Doctors
Brody School of Medicine
East Carolina University
2N 64 Brody Medical Sciences Building
Mail Stop 647
600 Moye Boulevard
Greenville NC 27834
CONFIDENTIAL RECOMMENDATION

Applicant: Please read and complete Section I.

Section I
The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are also permitted to waive their right of access to recommendations.

The following signed statement indicated the wish of the applicant regarding this recommendation.

☐ I DO WAIVE my right to inspect the contents of the following recommendation.
☐ I DO NOT WAIVE my right to inspect the contents of the following recommendation.

SIGNATURE

Applicant's Name:
__________________________________________________________________________
Last                                                 First               Initial  Phone  Email Address

Section II/To the Recommender:
The above student wishes you to write a letter of recommendation on behalf of his/her application for admission to the Summer Program for Future Doctors at the Brody School of Medicine of East Carolina University. We would greatly appreciate your objective evaluation of the applicant's qualifications. Please complete this form or, if you prefer, attach a letter of recommendation to this form. Thank you for your assistance.

Please specify the group with which you are comparing this student:

☐ All Undergraduates       ☐ Undergraduate Majors in ____________       ☐ M.S. Candidates
☐ Ph.D. Candidates

In what capacity do you know this student?  ☐ Advisor       ☐ Biology Instructor       ☐ Chemistry Instructor       ☐ Other: Specify _______________________________

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<th>Excellent (upper 5%)</th>
<th>Good (6-20%)</th>
<th>Average (21-60%)</th>
<th>Below Average (&lt;60%)</th>
<th>No Basis For Judgment</th>
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<tr>
<td>Overall intellectual ability</td>
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<td>Understanding of the fundamentals of his/her major</td>
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<td>Ability to grasp ideas quickly</td>
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<td>Ability to organize and apply facts and ideas</td>
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<td>Curiosity</td>
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<td>Ability to handle stressful situations</td>
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<td>Ability to interact well with others</td>
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<td>Ability to operate as a responsible adult</td>
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<td>Leadership Potential</td>
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This form is used to help reach decisions on admission to the Summer Program for Future Doctors. It is not retained as part of the official academic record of a student who enrolls at East Carolina University.
NAME_________________________

In order to make your nominee more competitive, it is necessary to provide additional information on the characteristics which would make this person successful in our program. Please comment on your perception of the candidate’s strengths as well as weaknesses. Be as specific as possible.

Do you think the applicant’s class standing or grades adequately reflect his/her scholastic abilities? If not, please comment.

Include additional comments concerning maturity, motivation, personality, extracurricular activities, or any other factors which you think are pertinent to the student’s performance in a competitive academic setting.

I recommend this student: (check one)

___Highly recommend
___Recommend with Confidence
___Recommend
___Recommend with Reservation
___Not Recommended

__________________________________________________________________________
Name  (Type or Print)

__________________________________________________________________________
Title or Department

__________________________________________________________________________
College/University

__________________________________________________________________________
Street Address

__________________________________________________________________________
City State Zip Code

__________________________________________
Signature __________________________________________

Date ____________________________

Telephone Number ( ) __________________________

Area Code Number