



Jefferson Medical College

Secondary Application Form

To: All Invited Applicants

From: The Committee on Admissions of Jefferson Medical College

Jefferson Medical College insists on maintaining the integrity of the Admissions process. For this reason, the Committee on Admissions has adopted the following policy.

1. A committee, rather than an individual, will consider your application and make a decision as to whether or not you will be accepted into Jefferson Medical College.
2. Only the Dean of Admissions and Chair of the Committee on Admissions, Dr. Clara Callahan is permitted to inform you of the decision of the Committee on Admissions. We will correspond directly with you once this decision is made.
3. Any communications about your application, or the interview, or any additional information that you wish to share with the Committee on Admissions, should be forwarded to the Dean of Admissions, Dr. Callahan or to the Director of Admissions, Dr. Brooks. The interviewer and other members of the Committee on Admissions are not permitted to discuss any part of the application or the interview outside a Committee on Admissions meeting.
4. The Medical College is concerned that it receive all information pertinent to your application and requests this information be forwarded to the Office of Admissions rather than to an individual member of the Committee on Admissions.

Please Print Clearly – as you would like it to appear:

Date: _____

Name: _____

S.S.# _____

SAT Scores: _____ Verbal: _____ Math: _____ ACT Score: _____ URM: No Yes

Email Address: _____ Cell Phone: _____

It is the applicant's responsibility to see that the application is complete, the non-refundable \$80. Application fee paid, and the required letters of recommendation received.

Letters of recommendation are to be transmitted via VirtualEval, Interfolio or, if your school does not have VirtualEval, letters are to be FAXED to our digital secured FAX line at (215) 503.8877.

To activate your application, please complete and return this form with your activation fee **within two (2) weeks**.

I. Letters of Recommendation: *(Please read this section of the "Information for Prospective Students" brochure.)*

The following type of recommendation letter (s) will be sent:

- A. Health Professions Committee letters from College/University.
- B. Recommendation Packet compiled by (Pre-Med) Advising Office
- C. Individual Faculty letters (one letter from each required) 1-Biology, 1-Chemistry, 1-Physics, 1-Humanities

If you are unable to supply the requested recommendations please indicate this in a letter addressed to the Director of Admissions and email to **jmc.admissions@jefferson.edu**

1. Have you previously applied to Jefferson Medical College? No Yes Year _____

2. Do you have a relative who received a M.D. degree from Jefferson Medical College or completed residency (postgraduate) training at Jefferson? No Yes

Year _____ MD Name: _____ Relation: _____

Year _____ Residency Name: _____ Relation: _____

3. Are either of your parents members of the Jefferson Faculty? No Yes

Name: _____ Department: _____

Name: _____ Department: _____

4. Do you have a spouse who has graduated or is currently attending Jefferson Medical College? No Yes

Name: _____ Year _____

5. **Programs:** Are you applying for:

a.) Physician Shortage Area Program No Yes
(For applicants from rural areas who plan rural practice)

b.) M.D./Ph.D. Program No Yes

c.) DIMER Program No Yes
(For Delaware residents only)

II. Early Assurance / Linkage:

a.) Penn State b.) Medical Scholars Program c.) Bryn Mawr P.B. d.) Columbia P.B. e.) U. of PA P.B.

6. Have you ever been convicted of a crime other than a minor traffic or parking violation? No Yes

If the answer is yes, please provide an explanation:

7. **Have you read, and do you understand the academic and technical standards described in the “Prospective Student” brochure and can you comply with those requirements, including successful criminal background check?**

No Yes

III. Application Fee/Fee Waiver:

- I am submitting my application and the **\$80.00** application fee electronically via the web to activate my application. I understand that this fee is Non-Refundable. **Preferred method of payment.**
- I am requesting a fee waiver and have been granted a fee waiver from AMCAS.
- I do not have an AMCAS fee waiver, however I am requesting a fee waiver and have enclosed a letter from my school Financial Aid Officer stating my eligibility. **Please include a \$35.00 processing fee.**
- I am mailing a check/money order in the amount of **\$80.00** made payable to “Jefferson Medical College” to activate my application. I understand that this fee is Non-Refundable.

Primary Racial/ Ethnic Self Description: Response to this question is requested in order to comply with statistical reporting to educational agencies and with its responsibilities dealing with equal opportunity:

- Native American or Alaskan Native African American Puerto Rican Laotian Hispanic White
- Native Hawaiian Mexican American Cambodian Hmong Vietnamese Other

Additional Information: _____

Local/Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Date: _____