

DUAL-DEGREE HONORS PROGRAM SUPPLEMENTAL APPLICATION FOR MEDICINE

DEADLINE NOVEMBER 1, 2011

UNIVERSITY
OF MIAMI



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Mailing Address:
Office of Admission
University of Miami
P.O. Box 249117-5226
Coral Gables, FL 33124-4616

Physical Address:
Office of Admission, University of Miami
Ashe Administration Building
1252 Memorial Drive
Coral Gables, FL 33146

APPLICATION INSTRUCTIONS

Applying to the Dual-Degree Honors Program in Medicine (HPME) requires **two separate** application processes:
A) Applying for undergraduate admission to the University of Miami via The Common Application, and
B) Applying for admission to the Dual-Degree Honors Program in Medicine (HPME)

The instructions are as follows:

1. Apply for undergraduate admission to the University of Miami by completing and electronically submitting The Common Application for Undergraduate College Admission (and its supplements) at www.commonapp.org. Alternatively, you may print the Common Application and supplements and mail them to the address below.

Office of Admission
University of Miami
P.O. Box 249117-5226
Coral Gables, FL 33124-4616

As part of the undergraduate application process, you must request that your standardized SAT scores (**College Board code 5815**) and/or ACT scores (**American College Testing code 0760**) be sent directly to the University of Miami. *Note: UM will accept results from the math and critical reading sections of the SAT only.*

2. **AFTER** applying for undergraduate admission to the University of Miami, complete the enclosed Dual-Degree Honors Programs Supplemental Application for Medicine.
3. To be considered for the Dual-Degree Honors Program in Medicine (HPME), you must meet all of the following additional requirements:
 - a) **Unweighted 3.75 GPA**
 - b) **A minimum combined score of 1400 on the SAT (Critical Reading and Mathematics sections only) and/or 32 on the ACT**
 - c) **A minimum score of 600 on the SAT Subject Test in Mathematics Level I and/or Mathematics Level II**
 - d) **A minimum score of 600 on one of the SAT Subject Tests in Science of your choice (Biology E/M, Chemistry, or Physics)**

Please take these standardized tests no later than the October 2011 test dates to ensure delivery of score results to UM by November 1, 2011.

4. You must obtain an additional copy of your official high school transcript separate from the Common App. You must also obtain three (3) letters of recommendation from different high school teachers or other appropriate evaluators as part of the Dual-Degree Honors Programs Supplemental Application for Medicine. **Note: These may be the same recommendations as used in your general undergraduate application, but duplicate copies must be provided with your HPME application.**
5. Mail your Dual-Degree Honors Programs Supplemental Application for Medicine, official high school transcripts, and three letters of recommendation **in the same envelope*** to:

Dual-Degree Honors Programs Supplemental Application for Medicine
Office of Admission
University of Miami
P.O. Box 248025
Coral Gables, Florida 33124-4616
Phone: 305-284-2211

****If your school's policy is to send transcripts directly to the University, submit the completed application and letters of recommendation to your school to ensure all required materials are mailed in the same envelope.***

6. If you are selected for an interview with HPME, we will notify you via email in mid-December.

APPLICATION CHECKLIST

- ❑ Take your SAT (1400 minimum combined score for the Critical Reading and Mathematics sections) and/or ACT (32 minimum score) no later than October 2011*
- ❑ Take your SAT Subject Test in Mathematics Level I or Level II (600 minimum score) no later than October 2011*
- ❑ Take your SAT Subject Test in Science (Biology E/M, Chemistry, or Physics) no later than October 2011*
- ❑ Complete all components of your Common Application for undergraduate admission early in your senior year
- ❑ Complete and send the following three items to the mailing address on page 1 (step 5) by November 1, 2011 in the same envelope:
 - ❑ The Dual-Degree Honors Programs Supplemental Application for Medicine
 - ❑ Three (3) Letters of Recommendation from high school teachers or other appropriate evaluators. These may be the same recommendations as used in your general undergraduate application, but duplicate copies must be provided with your HPME application.
 - ❑ One official copy of your high school transcript

ALL ITEMS MUST BE SUBMITTED TOGETHER IN THE SAME ENVELOPE IN ORDER TO BE CONSIDERED FOR THE DUAL-DEGREE HONORS PROGRAM.

If your school's policy is to send transcripts directly to the University, submit the completed application and letters of recommendation to your school to ensure all required materials are mailed in the same envelope.

** This is to ensure delivery of score results to UM by November 1, 2011*

**DUAL-DEGREE
HONORS PROGRAMS
SUPPLEMENTAL APPLICATION
FOR MEDICINE**

Dual-Degree Honors Programs Supplemental Application for Medicine
Office of Admission
University of Miami
P.O. Box 248025
Coral Gables, Florida 33124-4616
Fax: 305-284-6605

**ATTACH PHOTOGRAPH HERE
(Mandatory)**

This will help the interviewer
with recall during the
committee meeting

(Write name and SS# on
back of photograph)

Social Security Number _____ - _____ - _____

Name _____
Last First Middle

E-mail address _____

Permanent address _____
Street City State Zip Code

Mailing address (if different from above) _____
Street City State Zip Code

Home telephone _____ Current telephone _____
Area Code Number Area Code Number

U.S. Citizen Yes No

Permanent U.S. Resident Yes No

Birth date ____ / ____ / ____ Place of Birth _____

Are you a dependent of a University of Miami employee? Yes No

What is your state of legal residence? _____ Your parent(s)? _____

Father's name _____ Mother's name _____

Education / College(s) _____ Education / College(s) _____

Degree(s) _____ Degree(s) _____

Occupation _____ Occupation _____

Standardized Test Results

Name of Test	Date Taken	Score	Date Taken	Score
SAT Critical Reading				
Mathematics				
ACT Composite				
SAT Subject Mathematics				
Chemistry, Physics or Biology				

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**DUAL-DEGREE
HONORS PROGRAMS
SUPPLEMENTAL APPLICATION
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Social Security Number _____ - _____ - _____

Name _____

List in chronological order all high schools attended

	NAME OF HIGH SCHOOL	CITY AND STATE	DATES OF ATTENDANCE	
			From	To
Current	_____	_____	_____	_____
Previous	_____	_____	_____	_____
	_____	_____	_____	_____

Have you taken college courses while in high school? Yes No If yes, indicate the institution, course(s) and grade(s) received:

Guidance counselor _____ Phone no. _____

Rank in class _____ of _____ Current unweighted grade point average to date _____

From your records, fill in this grade report for subjects completed to date. List your senior courses. Clearly indicate before each grade any honors courses with an H, advanced placement courses with AP , International Baccalaureate with IB, and Advance International Certificate of Education with AICE.

Subject	Year taken	Number of weeks	Grades
Mathematics			
Science			
English			

Subject	Year taken	Number of weeks	Grades
Social Studies			
History			
Foreign Language(s)			
Computer Science			
Other Studies			

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**DUAL-DEGREE
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Social Security Number _____ - _____ - _____

Name _____

ACTIVITIES / EXPERIENCES / HONORS

INSTRUCTIONS: Briefly describe or list your experiences and activities DURING HIGH SCHOOL in the spaces below. Where appropriate, include dates and length of time of your involvement. Leaving blank spaces will not make the application incomplete. DO NOT attach a resume, or send work samples, photocopies of awards or recognition that you may have received.

HONORS (Please list significant honors or awards received. Do not list your high school honors courses)

PATIENT CARE EXPERIENCES (Involvement in patient-related experiences, include time involved, location, dates, your role)

COMMUNITY WORK (Organized activities performed for the benefit of the community)

COUNSELING/TEACHING (Activities in which you have participated as a counselor, advisor or teacher)



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Social Security Number _____ - _____ - _____

Name _____

LEADERSHIP ACTIVITIES (Positions you have held as a leader or organizer)

ORGANIZATIONS/CLUBS (Briefly describe your role in the group and the group's purpose)

RESEARCH EXPERIENCE (List location, name of mentor, your role in project)

OTHER HEALTHCARE OR SCIENCE EXPERIENCES (Science Fairs, Premedical Programs, Health Professional Programs)



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Social Security Number _____ - _____ - _____

Name _____

FINE ARTS (Activities involving dance, drama, music, art, photography, etc.)

SPORTS (Organized team sports or recreational activities that you play, watch or follow)

JOURNALISM (Activities in which you have served as a writer or editor)

TRAVEL

HOBBIES (What you do or collect for fun and relaxation)

EMPLOYMENT (Work experiences during the past five years)

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Social Security Number _____ - _____ - _____

Name _____

PERSONAL ESSAYS

Please send as two separate attachments.

NARRATIVE ONE

Describe your patient care experiences and the value of each in your decision to study medicine. Do not attach a personal resume or global personal statement or essay. **Limit your response to one page.** If you have not had any patient care experiences, leave this section blank.

NARRATIVE TWO

Give a personal history of yourself, your reasons for wanting to study Medicine and why you think the Dual-Degree Honors Program in Medicine at the University of Miami is right for you? Be as specific as possible and **limit your essay to two typed pages.**

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Social Security Number _____ - _____ - _____

Name _____

Honors Program in Medicine (HPME)

The Honors Program in Medicine (HPME) is offered to mature high school seniors with strong academic ability and achievement who seek careers in medicine or medical science. Students can earn both a Bachelor of Science (BS) and a Doctor of Medicine Degree (MD) in 7 or 8 years. Students undergo a highly selective screening process and are admitted simultaneously to the College of Arts and to the School of Medicine. Accepted students are assured of a place in medical school after 3 or 4 calendar years of undergraduate work provided ALL program requirements are met. Applicants to the Honors Program in Medicine must be US citizens or permanent residents of the United States with an alien registration receipt card in their possession at the time of application. Residents of any state may apply. Only students who are in their last year of high school are considered and students who have graduated from high school are ineligible to apply.

CITIZENSHIP

Place of birth _____ Birth date _____
City State/Province Country

Are you a US citizen by birth? Yes No

Are you a naturalized US citizen? Yes No If yes, citizenship number _____

Are you a permanent resident alien of the US? Yes No If yes, registration number _____

NOTE: Permanent resident aliens must attach a copy of their alien registration receipt (green) card.

ALL APPLICANTS

Have you ever been the recipient of any action (e.g., dismissal, disqualification, probation, etc.) by a high school, college, university or any other academic institution for conduct violations and/or unacceptable academic performance? Yes No

Have you ever been convicted, pleaded guilty or nolo contendere, had adjudication withheld or prosecution deferred, in connection with a crime? Yes No

Are there any criminal charges pending or expected to be brought against you? Yes No

Is there any other information that would have a bearing upon your ability to attend medical school and/or practice medicine? Yes No

If the answer to any of these questions is yes, explain the circumstances on a separate sheet and attach to this form.

Have you read the [technical standards for the University of Miami School of Medicine](#)? Yes No

Can you perform, with or without reasonable accommodation, the essential requirements and/or functions of students enrolled in the University of Miami School of Medicine? Yes No

