

# EASTERN VIRGINIA MEDICAL SCHOOL JOINT PROGRAM IN MEDICINE APPLICATION

(Name of Institution)

(Photo Directions Below)

NAME \_\_\_\_\_ Institution ID # \_\_\_\_\_  
*Last First Middle*

COLLEGE ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

PERMANENT ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

LOCAL PHONE # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_ MOBILE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENTS/ LEGAL GARDIAN

LIVING (Y/N)

EDUCATION LEVEL

OCCUPATION

\_\_\_\_\_  
\_\_\_\_\_

**Please attach typed versions of your answers to the following questions to your application:**

1. List the honors you have received while in high school/college.
2. List your extracurricular, community, and vocational activities while in high school/college.
3. Describe your employment during high school/college (including summers).

**This application also requires two essays. Each essay should be NO LONGER than one double-spaced page using 12-point, Times New Roman Font. Here are the prompts for the essays:**

- A. Describe your exposure to medicine.
- B. Describe your reasons and goals for pursuing a career in medicine.

**PHOTO DIRECTIONS:** Click on the photo box at the top of this form. In the "Select Image" prompt box, click on "Browse", and locate the image you wish to use. Click "OK" to upload the photo. You may change the photo after uploading it, by selecting "Clear Image" in the image prompt box. **NOTE: If you are unable to upload your 2"x2" photo, you may attach it as a separate document.**

**In addition to your essays and answers to the questions above, you must also include the following items in your application packet:**

1. Three letters of recommendation from professors who have taught you including: two from professors in the natural sciences and one from a non-science professor. **Give each of your (3) recommenders a signed copy of the Letter of Recommendation Form attached.** Collect the envelopes from your recommenders and include them in your application packet to your advisor. In a sealed envelope, please have recommenders include a signed copy of their letter and the Letter of Recommendation Form. If recommenders prefer, they may send of their letters directly to your advisor via campus mail or email.
2. Attach a photograph of yourself to this form on the upper left-hand corner of page one. (Maximum 2"x2" only).
3. Include an official copy of your transcript obtained from the registrar's office in a sealed envelope.
4. Include a check or money order (please do not send cash) for \$50.00 payable to "Eastern Virginia Medical School". Include your name (applicant) on the memo line.

**Applicant Name:**

**Date:**

## **Letter of Recommendation Form**

Students applying to the EVMS Joint Program in Medicine are required to submit three letters of recommendation. Submit a signed copy of this form to each of your recommenders to attach to your letter. Each recommendation letter should be submitted on institutional letterhead, dated, signed, and in a sealed envelope.

Return the recommendation to advisor. Sign the form below indicating whether you waive or do not waive your right to see the recommendation letter.

I, \_\_\_\_\_, Institution ID# \_\_\_\_\_

hereby (*check one*) **do** \_\_\_\_\_ (*or*) **do not** \_\_\_\_\_ waive any and all rights of access to a letter of recommendation from:

\_\_\_\_\_ (print name of recommender).

This right of access is granted through Section 437 of Public Law 93-380. I understand that this waiver is limited to this particular letter of recommendation.

**Name of applicant:**

**Date:**