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### “Exploring Medicine Application”

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Present mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_

<b><u>Optional:</u></b>	
Sex: Male _____	Female _____
Black _____	Puerto Rican (Mainland) _____
American Indian _____	Puerto Rican (Commonwealth) _____
Mexican American _____	Asian American _____
Other Hispanic _____	White _____

Name high school and graduation date: \_\_\_\_\_

Undergraduate institution and graduation date and/or current occupation: \_\_\_\_\_

How did you become aware of the “Exploring Medicine” Program? \_\_\_\_\_

Past exposure to medicine (volunteer/paid):

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Specific experiences desired: \_\_\_\_\_

Goals for experience (e.g. insight into medicine as a career, letter of recommendation, etc.) Be as specific as possible.

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

**Return to:**  
Department of Medical Education ~ Synergy Medical Education Alliance ~  
1000 Houghton Avenue ~ Saginaw, MI 48602  
**Phone:** Nhu Dargis (989) 583-6995 or Melissa Morse (989) 583-6821