LOYOLA MEDICINE

Loyola University Chicago
Stritch School of Medicine

SUMMER ENRICHMENT PROGRAM APPLICATION
Summer 2008

PERSONAL DATA

Name: _____
(Please type or print clearly) *Last* *First* *Middle*

Current Address: _____
Number and Street

_____
City *State* *Zip Code* *Country*

Permanent Address: _____
Number and Street

_____
City *State* *Zip Code* *Country*

Day Phone: (___)_____ Evening Phone: (___)_____ Cell Phone: (___)_____

E-Mail Address: _____ Will you bring a car to the program? _____

U.S. Citizen: Yes ☐ No ☐ Permanent Resident Visa: Yes ☐ No ☐

Racial and/or Ethnic Background (optional): _____

EDUCATIONAL DATA

Undergraduate College/University: _____
Name *City* *State* *Dates of Attendance*

Undergraduate College/University: _____
Name *City* *State* *Dates of Attendance*

Graduation Date: _____ Major: _____

Total Science GPA: _____ Total GPA: _____

REQUIRED DOCUMENTS

- Completed Application
- Sealed Official College Transcript(s), including coursework through December 2007
- Résumé
- Copy of MCAT score(s), if taken prior to May 2008
- Two Letters of Recommendation
- Personal Statement addressing the following theme: What are the values of diversity in a learning environment and how will you and your previous experiences enhance the medical student learning community?

ACKNOWLEDGMENT

I have read the policies and information accompanying this application. With this signature, I certify that the information contained on this form is correct and accurate to the best of my knowledge. Falsification or omission of information on any summer enrichment application materials will result in the rejection of my application.

Signature: _____ Date: _____

APPLICATION DEADLINE – MARCH 1, 2008

Loyola University Chicago ▪ Stritch School of Medicine ▪ Office of Student Affairs ▪
2160 South First Avenue ▪ Maywood, Illinois ▪ 60153 ▪
Phone: (708) 216-3220 ▪ Fax: (708) 216-3671