

## Post-baccalaureate Linkage Supplemental Application

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Biographic Information

AAMC ID (if known): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
County and State of Legal Residence: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_  
If not United States, what is your Visa Status: \_\_\_\_\_

### Secondary Education

College Name: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Degree: \_\_\_\_\_  
College GPA: \_\_\_\_\_

### SAT or ACT scores

SAT Date: \_\_\_\_\_ Verbal: \_\_\_\_\_ Math: \_\_\_\_\_  
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ACT Date: \_\_\_\_\_ Eng: \_\_\_\_\_ Math: \_\_\_\_\_ Read: \_\_\_\_\_ Sci: \_\_\_\_\_ Comp: \_\_\_\_\_  
ACT Date: \_\_\_\_\_ Eng: \_\_\_\_\_ Math: \_\_\_\_\_ Read: \_\_\_\_\_ Sci: \_\_\_\_\_ Comp: \_\_\_\_\_  
ACT Date: \_\_\_\_\_ Eng: \_\_\_\_\_ Math: \_\_\_\_\_ Read: \_\_\_\_\_ Sci: \_\_\_\_\_ Comp: \_\_\_\_\_

### Other Standardized Test Scores (please list each component, i.e. GRE)

Date: \_\_\_\_\_ Test and Individual Scores: \_\_\_\_\_  
Date: \_\_\_\_\_ Test and Individual Scores: \_\_\_\_\_  
Date: \_\_\_\_\_ Test and Individual Scores: \_\_\_\_\_

### Alumni Information

If the answer is yes, for any of the following questions, please provide requested information.

1. Did your parents, grandparents, spouse, or sibling attend or graduate from Temple University School of Medicine?  Yes  No

Name: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Relationship:  Parent  Grandparent  Spouse  Sibling

2. Did your parents, grandparents, spouse, or sibling attend or graduate from a residency or fellowship program at Temple University Hospital?  Yes  No

Name: \_\_\_\_\_

Program/Year Completed: \_\_\_\_\_

Relationship:  Parent  Grandparent  Spouse  Sibling

3. Are your parents, grandparents, spouse, or sibling faculty members of Temple University School of Medicine?  Yes  No

Name: \_\_\_\_\_

Academic Department: \_\_\_\_\_

Relationship:  Parent  Grandparent  Spouse  Sibling

### **Additional Information**

Please answer the following questions on an additional sheet of paper:

1. What is the nature of your special interest in Temple University School of Medicine?
2. Why are you interested in pursuing the post-baccalaureate linkage?
3. What extracurricular activities have you been involved with?
4. What medically related experience do you have?
5. What is your interest in the field of medicine?
6. Is there anything else you would like us to know about you?
7. Were you ever the recipient of any institutional action resulting from unacceptable academic performance or a conduct violation?
8. Have you ever been convicted of a misdemeanor? If yes, provide details.
9. Have you ever been convicted of a felony? If yes, provide details

By signing below, I certify that all information on the supplemental application and supporting credentials is correct and complete. I understand that if any information furnished by me is found to be untrue, I may be denied admission, or if admission has been granted, the offer may be withdrawn.

Signature \_\_\_\_\_ Date \_\_\_\_\_