



UIC College of Medicine - Chicago

**SUPPLEMENTAL INFORMATION
APPLICATION FOR ADMISSION
TO THE COLLEGE OF MEDICINE**

**OFFICE OF MEDICAL COLLEGE
ADMISSIONS (MC 783)**
UIC College of Medicine
808 South Wood Street, Room 165 CME
Chicago, Illinois 60612-7302
(312) 996-5635 Fax: (312) 996-6693

Dear Applicant:

You have met our initial requirements to be eligible for consideration for admission.

We invite you to send us a supplemental application so that the Committee on Admissions has complete information about your candidacy. The Committee considers a variety of criteria in deciding the best candidates for acceptance. Our admissions process is very competitive; each application is thoroughly reviewed.

Please read the enclosed instructions carefully and complete every section of the application. Submission is encouraged as soon as possible for earlier review of your application; admissions offers begin as early as October. Submit information that will enhance the Committee's understanding of your background and your potential for success in the study of medicine. In addition, if you have not already done so, request that your letters of recommendation be sent to AMCAS.

Thank you for your interest in becoming a medical student at the UIC College of Medicine.



UIC College of Medicine - Peoria

SUPPLEMENTAL INFORMATION
APPLICATION FOR ADMISSION
TO THE COLLEGE OF MEDICINE

OFFICE OF MEDICAL COLLEGE
ADMISSIONS (MC 783)
UIC College of Medicine
808 South Wood Street, Room 165 CME
Chicago, Illinois 60612-7302
(312) 996-5635 Fax: (312) 996-6693

Application Instructions

Supplemental application deadline: postmarked by **January 15** for admissions consideration. We highly recommend earlier submission given that admissions decisions are rolling. Note that if you have an address change, we cannot guarantee that this change will be processed before a decision is sent to you.

GENERAL INFORMATION

- **General Office Hours:** Monday–Friday, 8:30 a.m.–5:00 p.m.
- **Counseling appointments:** Tuesdays between 8:30 a.m. and 5:00 p.m. Call (312) 996-5635 to schedule an appointment.
- **Application Status Check:** Thursdays between 8:30 a.m. and 5:00 p.m. Call (312) 996-5635 for a status check.
- **E-mail:** medadmit@uic.edu Application and/or information inquiries may be directed via e-mail.

SUMMARY CHECKLIST FOR COMPLETING YOUR SUPPLEMENTAL APPLICATION

- Download the Supplemental Application to your computer.
- Complete Application (to answer a question, click and type on the shaded box provided) accurately and truthfully. Any misleading or erroneous information may result in a discontinuance of your candidacy and a report of irregularity to AMCAS.
- Print completed application and sign the last page.
- Make sure your file is complete; only completed files will be reviewed for admissions.
- Mail printed version of completed application and \$70 application fee to:
Office of Medical College Admissions (MC 783),
UIC College of Medicine, 808 South Wood Street, Room 165 CME
Chicago, Illinois 60612-7302.

A. APPLICATION MATERIALS

- **Supplemental Information Application**
General information questions; answer accurately and completely.
- **Application Fee**
A nonrefundable \$70 supplemental application fee is required. Enclose a check or money order (cash payments will not be accepted) payable to the “UIC College of Medicine.” On the face of the check, provide your name, current address, phone number with area code, and AAMC I.D. number. Failure to provide this information will result in a delay of your application. The College of Medicine will grant fee waivers to applicants who have received AMCAS fee waivers.



UIC College of Medicine - Peoria

SUPPLEMENTAL INFORMATION
APPLICATION FOR ADMISSION
TO THE COLLEGE OF MEDICINE

OFFICE OF MEDICAL COLLEGE
ADMISSIONS (MC 783)

UIC College of Medicine
808 South Wood Street, Room 165 CME
Chicago, Illinois 60612-7302
(312) 996-5635 Fax: (312) 996-6693

▪ **Letters of Recommendation**

AMCAS is now accepting Letters of Evaluation/Recommendation for UIC College of Medicine. This service enables UIC College of Medicine to receive letters electronically via AMCAS. All letters submitted must be submitted to AMCAS. Any letters received at the UIC College of Medicine will not be accepted, will not be placed in your application file nor will they be retained in any other form.

There are several mediums in which a letter writer can send your letters to AMCAS. AMCAS will receive letters for users of Virtual Evals, Interfolio, and via the mail. In addition, letter writers who currently mail letters can opt to upload letters directly to AMCAS through the AMCAS Letter Writer Application (anticipated to be available in late fall).

Your letter writer should include the AMCAS Letter Request form when sending your letter in order to guarantee that your letter is correctly matched to your application. Please note that the letter writer must include your AAMC ID and AMCAS Letter ID (can be found on the AMCAS Letter Request form). The mailing address to which letters of evaluation should be mailed will also appear on the AMCAS Letter Request form.

UIC College of Medicine requires a premedical committee evaluation OR three letters from instructors (any field of study) from whom the candidate has taken courses. One of the letters can be from a research mentor. These letters should critically evaluate the candidate's academic ability, strengths and weaknesses, motivation for medicine, maturity, difficulty of course work and special attributes and assets. Personal letters of recommendation are not acceptable. If you are currently enrolled in a graduate program or professional school, one letter must be from a faculty member at the graduate or professional school.

Letters received on your behalf become the property of UIC College of Medicine and may not be released or copied from the application file under any circumstances.

B. RESIDENCY REQUIREMENTS

- Candidates will only be considered for admission if they are U.S. citizens or permanent legal residents at the time of application.
- PERMANENT RESIDENTS PLEASE NOTE: Immigration/Visa status must be verified by bringing your Alien Registration Receipt Card (Form I-151), Asylum papers to the Admissions office; or you may also verify your status by mailing us a fully readable photocopy of both sides of your card.

C. ADMISSION REQUIREMENTS

GENERAL REQUIREMENTS

The UIC College of Medicine offers an educational program of study leading to the Doctor of Medicine degree. The college fulfills its responsibilities to the changing needs of society by selecting applicants who, in the judgment of the Committee on Admissions, demonstrate the academic achievement, emotional stability, maturity, integrity, and motivation necessary for the successful study and practice of medicine, and who will best meet the needs of the citizenry. In addition, the Committee looks for applicants who will contribute academic, nonacademic, and socioeconomic diversity to the first-year class. The Committee on Admissions is interested in evidence of capacity for mature and independent scholarship and discourages rigid patterns of course work. Applicants will be considered on the merits of each case and will be reviewed by the Committee on Admissions to determine their ability to successfully complete the curriculum. Regardless of race, creed, color, age, disability, sex, national origin,



UIC College of Medicine - Peoria

**SUPPLEMENTAL INFORMATION
APPLICATION FOR ADMISSION
TO THE COLLEGE OF MEDICINE**

**OFFICE OF MEDICAL COLLEGE
ADMISSIONS (MC 783)**

UIC College of Medicine
808 South Wood Street, Room 165 CME
Chicago, Illinois 60612-7302
(312) 996-5635 Fax: (312) 996-6693

or status as disabled veteran or veteran of Vietnam era, the Committee will consider the quality of work of each applicant in all areas, the breadth of education, achievement in advanced projects, or work experience that demonstrates the applicant's responsibility, initiative, and creativity.

SPECIFIC REQUIREMENTS

A student seeking admission to the College of Medicine may have elected any major field of study in the undergraduate sphere.

1. Biological and Physical Sciences

The study of medicine entails the rigorous and systematic learning of advanced biomedical science. Thus, an entering student must have already developed a solid foundation in the biological and physical sciences. The following courses are required:

- Two (2) courses of general Biological Sciences or the equivalent with laboratory.
- Two (2) courses of general Inorganic-Chemistry or the equivalent with laboratory.
- Two (2) courses of Organic Chemistry with an accompanying laboratory.
NOTE: One course of Introductory Biochemistry may substitute for the second Organic Chemistry.
- Two (2) courses of General Physics with laboratory.
- One (1) course of advanced-level Biology (must be at least a 200 level course).

2. Behavioral/Social Sciences

Physicians apply psychological and behavioral principles to their work with patients, families, and communities. The humanistic aspects of medicine require physicians to be sensitive to a variety of socially and culturally based conceptions of health and illness. A thorough understanding of individual and social behavior and culture is just as important to the successful study and practice of medicine as the biological and physical sciences.

Candidates must complete three (3) courses in the Behavioral/Social Sciences (for example, psychology, anthropology, or sociology). Two of the three courses must be in the same field of study. Other behavioral or social science courses will be considered to fulfill this requirement. Applicants must provide documentation on the content of such courses to be given consideration.

3. Minimum Degree: A baccalaureate degree must be earned prior to the anticipated enrollment.

D. NONDISCRIMINATION STATEMENT

It is UIC's policy not to engage in discrimination or harassment against any person because of race, color, religion, sex, national origin, ancestry, age, marital status, disability, sexual orientation, unfavorable discharge from the military, or status as a disabled veteran or a veteran of the Vietnam era and to comply with all federal and state nondiscrimination, equal opportunity, and affirmative action laws, orders, and regulations. The nondiscrimination policy applies to admissions, employment, and access to and treatment in University programs and activities. Complaints of invidious discrimination prohibited by University policy are to be resolved within the existing University procedures.

For additional information or assistance on the equal opportunity affirmative action and harassment policies and procedures of the University of Illinois at Chicago please contact: *Director of Affirmative Action Programs, 717 Marshfield Avenue Building (MC 602), Chicago, Illinois, 60612-7207, (312) 996-8670.*



*Supplemental Information
Application Form*

UIC COLLEGE OF
MEDICINE

AAMC ID

I. PERSONAL INFORMATION

Last Name:	First:	Middle:	Other Last Name:
-------------------	---------------	----------------	-------------------------

Have you been a resident of Illinois for twelve months prior to your AMCAS application filing date?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Check one box only)
------------------------------	-----------------------------	----------------------

If you declare Illinois residency, it must also have been reported through AMCAS

Citizenship status (Check one box only)

<input type="checkbox"/>	D—	U.S.A.
<input type="checkbox"/>	I—	Immigrant (permanent resident, temporary resident, refugee-parolee, conditional entrant.) Please attach copy of both sides of the Alien Registration card, I-688 (Temporary Resident card), or other document.

Please check the community size in which you have resided for the majority of your life. (Check one box only)

<input type="checkbox"/> Rural (Pop. < 2000)	<input type="checkbox"/> Small town (Pop. < 20,000)	<input type="checkbox"/> Small city (Pop. < 100,000)
<input type="checkbox"/> Medium city (Pop. 100,000–500,000)	<input type="checkbox"/> Suburb of medium city	<input type="checkbox"/> Large city (Pop. > 500,000)
		<input type="checkbox"/> Suburb of large city

Are you now enrolled in a college or university?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Check one box only)
------------------------------	-----------------------------	----------------------

If yes, what institution?

This information must be listed on your AMCAS application

If not enrolled in college, provide current employment information.

If employed, what company/institution?

Address:

Daytime Phone: () - - ext

If you graduated in a previous year, explain your motivation to apply at this time.

--

If you have previously applied to medical school, describe activities you have engaged in to improve your competitiveness as an applicant.

--



*Supplemental Information
Application Form*



AAMC ID

--	--	--	--	--	--	--	--

If you are currently a staff member of the University of Illinois system, complete the following:

<input type="checkbox"/> Academic		<input type="checkbox"/> Nonacademic		(Check one box only)
Position:	Starting Date:	% Time:	Campus:	
Department:		Office Extension:		

Military status (if applicable)

Military Service	Branch	Highest Rank	Entry Date mm/yy	Discharge Date mm/yy

II. LETTERS OF RECOMMENDATION

The three faculty who will submit academic recommendations on your behalf are:

1.	<input type="checkbox"/> undergraduate	<input type="checkbox"/> graduate/professional	
2.	<input type="checkbox"/> undergraduate	<input type="checkbox"/> graduate/professional	
3.	<input type="checkbox"/> undergraduate	<input type="checkbox"/> graduate/professional	<input type="checkbox"/> research

Letters of recommendation must be submitted on official university or business letterhead

OR

A composite recommendation from your school will be submitted by:

--

(If a composite recommendation is submitted from your school, you need not submit individual letters.)

Other individuals who will submit reference letters on your behalf are:

1.	
2.	
3.	

PLEASE EMPHASIZE TO YOUR REFERENCES THAT RECOMMENDATIONS MUST BE RECEIVED IN THIS OFFICE BY THE JANUARY 15 DEADLINE.

The Family Educational Rights and Privacy Act of 1974 requires that you either (1) waive your right of access to letters of recommendation or (2) to retain your right of access to letters of recommendation submitted on your behalf. (Check one box only)

I waive my right of access to letters of recommendation submitted on my behalf.
 I do not waive my right of access to letters of recommendation submitted on my behalf.



*Supplemental Information
Application Form*

UIC COLLEGE OF
MEDICINE

AAMC ID

--	--	--	--	--	--	--	--

III. COURSE REQUIREMENTS

Each candidate must complete the following courses in the biological, physical and behavioral sciences. Indicate course title and number. If a laboratory is required, indicate the laboratory title and number. If the lab is part of the overall course, write "SAME" under Lab Title. **Attach an additional sheet if necessary.**

Course Requirements	Course Title	Course Number	Lab Title	Lab Number
Introductory Biology				
Introductory Biology				
Advanced Level Biology				
General-Inorganic-Chemistry				
General-Inorganic-Chemistry				
Organic Chemistry				
Organic Chemistry <u>or</u> Biochemistry				
General Physics				
General Physics				
Behavioral/Social Science				
Behavioral/Social Science				
Behavioral/Social Science				



UIC College of Medicine - Chicago

*Supplemental Information
Application Form*

UIC COLLEGE OF
MEDICINE

AAMC ID

--	--	--	--	--	--	--	--

IV. EXTRACURRICULAR ACTIVITIES

List all **leadership** activities. Provide a brief title, contact name and phone or e-mail address, time frame of involvement, number of hours per week. (Attach an additional sheet if needed).

Activity/organization	Contact Name & phone number or E-mail address	Time of Involvement (mm/yy)	Avg. hours/week
		from to	
		from to	
		from to	
		from to	
		from to	

List all **research** activities. Provide a brief title, contact name and phone or e-mail address, time frame of involvement, number of hours per week. (Attach an additional sheet if needed).

Activity/organization	Contact Name & phone number or E-mail address	Time of Involvement (mm/yy)	Avg. hours/week
		from to	
		from to	
		from to	
		from to	
		from to	

List all **volunteer** activities. Provide a brief title, contact name and phone or e-mail address, time frame of involvement, number of hours per week. (Attach an additional sheet if needed).

Activity/organization	Contact Name & phone number or E-mail address	Time of Involvement (mm/yy)	Avg. hours/week
		from to	
		from to	
		from to	
		from to	
		from to	

V. EMPLOYMENT HISTORY (While a full-time college student)

	Months Worked (mm/yy)	Avg. Hours/Week
Senior Year of High School	from to	
Freshman Year of College	from to	
Sophomore Year of College	from to	
Junior Year of College	from to	
Senior Year of College	from to	



UIC College of Medicine - Chicago

*Supplemental Information
Application Form*

UIC COLLEGE OF
MEDICINE

AAMC ID

--	--	--	--	--	--	--	--

VI. EDUCATIONAL ENVIRONMENT

Describe any advantages and/or complications you encountered during your progression in education. Please include any noteworthy achievements and/or obstacles. (Examples: Acute or chronic illnesses, employment, financial difficulty, managerial role in household, etc.) (Don't exceed 150 words)

--



UIC College of Medicine - Peoria

*Supplemental Information
Application Form*

UIC COLLEGE OF
MEDICINE

AAMC ID

--	--	--	--	--	--	--	--

VII. REQUIRED ESSAYS

1. Describe a situation in which you were really stressed. Tell us how you dealt with it, your reactions(s), and how it affected you. What did you learn from this situation/experience? **(Don't exceed 250 words)**

--

2. Describe a hobby or activity other than something in health care, in which you have a keen interest. How does this hobby/activity help you fulfill your personal goals? **(Don't exceed 250 words)**

--



UIC College of Medicine - Chicago

*Supplemental Information
Application Form*

UIC COLLEGE OF
MEDICINE

AAMC ID

--	--	--	--	--	--	--	--

I understand that withholding pertinent information requested on this application or giving false information will make me ineligible for admissions to the UIC College of Medicine or subject to cancellation of registration if admission has occurred or dismissal if already enrolled. I certify that the statements on the application are correct and complete, including a report of all possible collegiate credit and criminal history as described in the application for admission instructions. I give my permission to officials at all institutions I have attended to release information needed by the UIC College of Medicine to substantiate statements I have made on this application.

Applicant's signature _____

Date: _____