

Application for Admission Early Selection Program for Contractual Schools

1.	Full Legal Name:					
2.	GWID:					
3.	Gender Identity	Pronouns:				
4.	Parent or Guardian Name(s):	Occupation:		Education (Highest I	Level):	
	Parent #1					
	Parent #2					
5.	Permanent Address:					
	(Street Address)		(City)	(State)	(Zip Code)	
	Local Address:					
	(Street Address)		(City)	(State)	(Zip Code)	
	Permanent Phone:	C	ell Phone:			
	University e-mail:	Pr	eferred e-mail	:		
6.	Secondary school attended:					
	City, State:			Graduation	year: 20	
7.	List all non-GW colleges/universities the	hat you have attended. (Tra	nscripts must l	be sent <u>directly</u> to this o	office immediately.)	
8.	Have you ever registered at any institut Yes \(\scale \) No \(\scale \) If yes, name: \(\scale \)					
9.	I am currently registered as full-time Str	udent? Yes	☐ No			
10.	Place of Birth (City, State, Country): _					
	Citizenship: U.S. Citizen	Canadian Citizer	1	U.S. Permanent F	Resident	
	*If you are a Canadian citizen you will	be required to complete a	inancial docur	ment if accepted to the	program.	
	Please indicate your SAT or ACT scorest be sent electronically directly from Co	ollege Board to GWSMHS			t, official SAT/ACT	
	*Note: SAT and/or ACT scores are requestar: Math:	uired. Reading:	Writing:	Total	ACT:	
	Current GPA:	_		_ 		
	Current GrA					
12.	Were you ever the recipient of any inst	itutional action by any col	lege or medica	al school for unaccepta	able academic	
	performance or conduct violation, even though such action may not have interrupted your enrollment or required you to					
	withdraw? You must answer "Yes" even if the action does not appear on or has been deleted or expunged from you					
	official transcripts due to institution		• •			
	**In the event that the answer to this q			u must submit informat	ion to medsp@gwu.e	
	immediately.	G 1 14m +	1, 3			
	·	yes, please attach an expla	anation.			

an offense? Have you ever been arrested for a felony or misdemeanor? **In the event that the answer to this question changes or requires an update, you must submit information to medsp@gwu.edu immediately.							
	Yes No	If yes, please expla	ain. Please restrict your ans	wer to three lines.			
	•		e year of biology or physics bindicate course number, cred				
Ivoie. Ai	una 1B courses wiii	Course Number	Credit Hours	Grade			
Chemistry	y ecture & 2 credits lab)						
Biology	ecture & 2 credits lab)						
Physics	ecture & 2 credits lab)						
Organic ((6 credits le	Chemistry ecture & 2 credits lab)						
English (6 credits)							
Biochemis (3 credits)	•						
Math/Stat	tistics/Research						
Social/Be	havioral Science						
	What are you currently intending to major/minor in?						
-	Major: Minor:						
b. If you are admitted to the Early Selection Program, what will you major/minor in? *Please note you must major or minor in a non-science area.							
	•	or minor in a non science					
Early Sel	ection Program. Pl		our junior and senior years the chedule to one page and inclute to your last semester.				
Indicate post-high school <u>paid</u> work experience:							

17.	Indicate significant post-high school service, clinical, health related, or related activities. Include dates.
18.	What is your most meaningful clinical (patient-related) experience? Use only the space provided for your answer. Do not attach any additional pages
19.	Why do you believe medicine is the right vocation for you? Use only the space provided for your answer. Do not attach any additional pages
20.	What is your specific interest in the GW MD program? Use only the space provided for your answer. Do not attach any additional pages
21.	Why Early Selection? What will you do differently? Use only the space provided for your answer. Do not attach any additional pages

Please submit to your premedical advisor by the date requested:

- a. Signed, completed application
- b. Current resume
- c. Projected coursework for junior and senior years
- d. Official high school transcript
- e. Official college transcript

Applicant's Signature

- f. Send official transcripts from any university/college you have attended. This includes college work during high school (must be sent electronically)
- g. Official ACT/SAT scores (if not on your high school transcript -must be sent electronically)

-Three (3) letters of recommendation in PDF format to your premedical advisor

artificial intelligence, any other available tools or another author but it is only my own writing.

- -One letter of reference from your premed advisor
- -Two additional letters of recommendation (at least one should be from a science professor)

-Applications due to GW via BOX by March 25th-

Unsigned or incomplete applications will not be considered.

Decisions made by the Committee on Admissions are confidential and final. Please note your file will NOT be reviewed if you do not meet the overall minimum 3.5 GPA or have C's in science/math coursework.

I HEREBY CERTIFY THAT I PERSONALLY FILLED OUT THIS APPLICATION AND THAT THE INFORM	IATION
IS TRUE, ACCURATE, AND COMPLETE, SO AS NOT TO BE MISLEADING. I AGREE TO PROPERLY ADV	/ISE OF
CHANGES IN THE INFORMATION PROVIDED.	

The submission of materially false or misleading information on an application form or in connection with the application process shall be
grounds for rejection. If such a submission is discovered after entrance into the medical school or award of a degree, it shall be
grounds for dismissal or for revocation of the degree. I understand if conditionally accepted I must undergo a criminal background check

Date

I acknowledge that I understand that matriculation into the MD program is conditional. If I do not meet the criteria set by the Committee on Admissions and specified in my contract I will be dismissed from the early selection program and the decision will be final

via the AMCAS application service. I have reviewed the Technical Standards policy. No part of this application was created using

The university is an Equal Employment Opportunity/Affirmative Action (EEO/AA) employer committed to maintaining a non-discriminatory, diverse work environment. The university does not unlawfully discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity or expression, genetic information, or on any other basis prohibited by applicable law in any of its programs or activities.

Inquiries concerning this policy and federal and local laws and regulations concerning discrimination in education and employment programs and activities may be directed to the university's Office of Equal Employment Opportunity and Affirmative Action: 2033 K Street, NW, Suite 320 Washington, DC 20052 (202) 994-9656. Inquiries may also be directed to the U.S. Department of Education Office for Civil Rights, the U.S. Equal Employment Opportunity Commission, or the applicable state or local agency (for example, the District of Columbia Office of Human Rights).

Questions regarding protections against discrimination on the basis of sex may be directed to the university's Title IX Coordinator, the Vice Provost for Diversity and Inclusion: 813 Rice Hall 2121 Eye Street, NW Washington, DC 20052 (202) 994-7440.

Questions regarding the protections against discrimination on the basis of disability may be directed to the university's Disability Services Coordinators. Students may contact the Associate Dean of Students, Administrative Services, Office of the Dean of Students: 401 Rice Hall 2121 Eye Street, NW Washington, DC 20052 (202) 994-6710, and other members of the university community may contact the Executive Director of Equal Employment Opportunity and Affirmative Action: K Street, NW, Suite 320 Washington, DC 20052 (202) 994-9633.

To request disability accommodations, students should contact the Office of Disability Support Services: (202) 994-8250 dss@gwu.edu. Employees and other members of the university community should contact the Office of Equal Employment Opportunity and Affirmative Action: (202) 994-9656 eeo@gwu.edu