

Name of the Applicant:

**APPLICATION FOR TRANSFER INTO THE THIRD YEAR OF THE  
MD PROGRAM AT MERCER UNIVERSITY SCHOOL OF MEDICINE**

Before completing this application, please make sure you meet the Eligibility Criteria for applying for Transfer to Year 3 of the M.D. Program at Mercer University School of Medicine posted at <http://medicine.mercer.edu/admissions/md/application/transfer/>

**Correspondence regarding the application:** Please be aware that email is used as the primary method of correspondence regarding this application. It is important that you inform [musmadmissions@mercer.edu](mailto:musmadmissions@mercer.edu) if there are any changes to your email address and/or phone number. **Please set your email spam filters to permit email from mercer.edu.**

**Instructions for Completing this Application:**

1. Please read the instructions below carefully before filling in this application. The submission of incomplete applications may delay or preclude consideration. Handwritten applications will **not** be accepted.

2. This is a fillable PDF document. Enter responses in the space provided. Save your responses.

**3. Instructions for Filling in Fields in the Form:**

- **Within a field, do NOT use the Tab key.**
- To move from one field to the next field, click on the **Click here to enter text** button.
- Type your response.
- Save your entries periodically.

For questions that ask you to:

- **Choose an Item:** Click on Choose an Item. Then a box will appear with an arrow to the right. Clicking on the arrow should display the available options. Click on the option you wish to choose. You can go back and change answers later if needed.
- **Fields with detailed descriptive entries** (example, describing the impact of a volunteer experience): For such descriptive responses, you may find it easier to copy and paste into text boxes what you have already composed in a Word processing document like Notepad or Word.
- A question number followed by \* is optional. You may leave such items unanswered.
- In the case of questions on race, ethnicity, and certain other questions, applicants may choose the **Decline to Respond** (or **Decline to Answer**) option. Choosing this option will have no adverse effect on consideration of the application.
- In answering questions on this application, please keep in mind that providing information about you, such as identifying with a race, ethnic background, religion, or sexual orientation, or disclosing family income, is voluntary.
- Do **not** enter your Social Security Number (SSN) or Social Insurance Number (SIN) in the application form.

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- Alternate Names are any variations of your name, such as a family (maiden) name or a nickname that may appear on transcripts sent to us by one of the schools you have attended. While entering alternate names is optional, we strongly encourage you to enter those names that may help us match relevant materials with your application.
- The Preferred Address is the address to which any printed medical school correspondence will be sent. Be sure to keep both your email address and your preferred address up-to-date at all times.

## ***Specific Instructions by Question Number:***

**37. Felony:** You need **not** disclose any instance where you:

- were arrested but not charged;
- were arrested and charged, but the charges were dropped;
- were arrested and charged, but found not guilty by a judge or jury;
- were arrested and found guilty by a judge or jury, but the conviction was overturned on appeal; or
- received an executive pardon.

Responding 'Yes' to this question will not necessarily disqualify you for acceptance or admission. MUSM procures a national criminal background check on behalf of applicants to whom a conditional offer of acceptance has been made. Failure to disclose information, or the submission of inaccurate or incomplete information on this application, may disqualify you for admission.

**38. Misdemeanor:** You need **not** disclose any instance where you:

- were arrested, but not charged;
- were arrested and charged, but the charges were dropped;
- were arrested and charged, but found not guilty by a judge or jury;
- were arrested and found guilty by a judge or jury, but the conviction was overturned on appeal; or
- received an executive pardon.

Responding 'Yes' to this question will not necessarily disqualify you for acceptance or admission. MUSM will consider the information in the context of their overall assessment of your suitability for admission. MUSM undertakes a criminal background check on all applicants accepted to the MD program at MUSM. Failure to disclose information, or the submission of inaccurate or incomplete information on this application, may disqualify you for admission.

## **Instructions for Submitting the Application:**

1) Submit the signed form electronically to MUSM Admissions Office at [musmadmissions@mercer.edu](mailto:musmadmissions@mercer.edu) by **5:00 PM April 6, 2020**, along with a photocopy of a state issued photo identification document, and a scanned copy of the notarized declaration of domicile in GA.

2) Additionally, for your application to be considered complete, you must mail a check or money order for 75 US dollars payable to Mercer University School of Medicine to the address below by **April 6, 2020**. Please retain a copy of your submission for your records. You will receive an email acknowledgment from MUSM Admissions Office after we have received the electronic copy of your application and your check.

Mercer University School of Medicine Admissions Office  
Attention: Amira Jenrette  
1501 Mercer University Drive  
Macon, GA 31207

Name of the Applicant:

**IDENTIFYING AND CONTACT INFORMATION:**

1	First Name	
2	Middle Name	
3	Last Name	
4	Legal Name	
5*	Preferred Name (if any)	
6*	Other Name Used 1 (if any)	
7*	Other Name Used 2 (if any)	
8	Date of Birth (mm/dd/yyyy)	
9	Sex	
10	Birthplace (City, State, Country)	
11	Are you a US Citizen?	
12	If you are <b>not</b> a US citizen, do you have Permanent Residence status in the US? ( <b>If you are a US Citizen, leave this blank.</b> )	
13	State of Legal Residence	
14	<b>Preferred Mailing Address</b>	
	Address Line 1	
	Address Line 2	
	City	
	State	
	Zip	
	Country	
15	Day Phone (Incl. International Dialing Codes if appropriate)	
16	Primary E-mail Address	
17	Alternate E-mail Address	
18	<b>Permanent Mailing Address</b>	
	Address Line 1	
	Address Line 2	
	City	
	State	
	Zip	
	Country	

**MEDICAL SCHOOL IN WHICH ENROLLED**

19	Name of the Medical School in which you are now studying	
20	City, State, Country	
21	Dates Attended (mm/yyyy – mm/yyyy)	

Name of the Applicant:

**USMLE STEP 1 SCORE**

22	Have you taken Step 1 of the USMLE?	
23	Date you took this exam (mm/dd/yyyy)	
24	If you have gotten your Step 1 Score, enter your 3 digit score here.	

**REASONS FOR REQUEST FOR TRANSFER:**

25	In the text box below, please describe your reasons for requesting a transfer to Mercer University School of Medicine. (300 words max.)

**SELF-IDENTIFICATION**

26	How do you self-identify?	
26.1*	Race	
26.2*	Hispanic, Latino, or of Spanish origin	

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**DISADVANTAGED / CHILDHOOD INFORMATION**

27	In which of the following areas did you spend the majority of your life from birth to age eighteen?	
28	How would you describe the city in which you spent the majority of your life from birth to age eighteen?	
	City	
	State	
	Country	
29	Do you believe based on your own experiences or the experiences of family and friends that the area in which you grew up was adequately served by the available health care professionals? Were there enough physicians, nurses, hospitals, clinics, and other health care service providers? Please enter a brief description of hardship you have experienced in the box below.	
30	Have you or members of your immediate family ever used federal or state assistance programs?	
31	Did you have paid employment prior to age eighteen?	
32	Were you required to contribute to the overall family income (as opposed to working primarily for your own discretionary spending money)?	
33	Have you received a Pell Grant?	
34	Do you wish to be considered a disadvantaged applicant (social, economic or educational)? If you chose yes, please explain in about 150 words in the text box <b>below</b> .	

Name of the Applicant:

**PARENTS AND GUARDIANS**

35	<input type="checkbox"/> I am not able to provide this information.	
	Name	
	Sex	
	Living	
	Legal Residence (County / State / Country)	
	Higher Education Level	
	Occupation	
	Name	
	Sex	
	Living	
	Legal Residence (County / State / Country)	
	Higher Education Level	
Occupation		

**ADDITIONAL INFORMATION:**

36	Have you served or are you currently serving in the United States Military?	
37	<b>Felony:</b> Have you ever been convicted of, or pleaded guilty or no contest to, a Felony crime, excluding 1) any offense for which you were adjudicated as a juvenile, or 2) convictions which have been expunged or sealed by a court (in states where applicable)? Read instructions for this Question on p. 2 of this Form before answering. Yes/No. Please explain in the space provided below.	
38	<b>Misdemeanor:</b> Have you ever been convicted of, or pleaded guilty or no contest to, a Misdemeanor crime, excluding 1) any offense for which you were adjudicated as a juvenile, 2) any convictions which have been expunged or sealed by a court, or 3) any misdemeanor convictions for which any probation has been completed and the case dismissed by the court (in states where applicable)? Yes/No. Please explain in the space provided below.	

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39	Have you ever been the recipient of any institutional action by any college or medical school for unacceptable academic performance or conduct violation, even though such action may not have interrupted your enrollment or required you to withdraw? If you answer <b>Yes</b> , you must briefly explain each instance in the text box below, along with the date(s) of occurrence (mm/yyyy). Yes/No. Please explain in the space provided below.

**POST-SECONDARY EDUCATION**

40	List every post-secondary institution where you were enrolled for at least one course, even if credits have been transferred, no credits were earned, or you withdrew. <b>List the most recent institution attended first.</b>	
	Name of the Institution	
	City	
	State/Province	
	Country	
	Dates (mm/yyyy – mm/yyyy)	
	Program Level (Undergraduate / Graduate)	
	Major	
	Minor	
	Degree Date	
	GPA	
	Hours	
	Name of the Institution	
	City	
	State/Province	
	Country	
	Dates (mm/yyyy – mm/yyyy)	
	Program Level (Undergraduate / Graduate)	
	Major	
	Minor	

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40	List every post-secondary institution where you were enrolled for at least one course, even if credits have been transferred, no credits were earned, or you withdrew. <b>List the most recent institution attended first.</b>	
	Degree Date	
	GPA	
	Hours	
	Name of the Institution	
	City	
	State/Province	
	Country	
	Dates (mm/yyyy – mm/yyyy)	
	Program Level (Undergraduate / Graduate)	
	Major	
	Minor	
	Degree Date	
	GPA	
	Hours	
	Name of the Institution	
	City	
	State/Province	
	Country	
	Dates (mm/yyyy – mm/yyyy)	
	Program Level (Undergraduate / Graduate)	
	Major	
	Minor	
	Degree Date	
	GPA	
	Hours	

**41. GRADE POINT AVERAGES:**

Status	Total GPA	Total Hours
Graduate		
Postbaccalaureate Undergraduate		
Cumulative Undergraduate		
Senior		
Junior		
Sophomore		
Freshman		



Name of the Applicant:

**42. MCAT TEST SCORES**

*Enter scores by test section and total score in the fields below.*

Test Date (mm/yyyy)	Enter Total Score (15-45 scale or 472-528 scale)

**43. What is your understanding of the practice of rural medicine?** Please explain in the space provided below.

**44. Do you consider yourself to have been raised or to be residing in an area that is medically underserved or in a county that consists of medically underserved populations?** *\*By medically underserved we mean populations vulnerable to poor health due to difficulties accessing adequate health care services. This may be due to factors including, but not limited to: education level; poverty; being uninsured or underinsured; lack of a usual source of care other than the emergency department; cultural or language barriers to receiving quality medical care; distance or lack of transportation to needed medical care. Please explain in the space provided below.*

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**45. The mission of Mercer University School of Medicine (MUSM) is to educate physicians and health professionals to meet the primary care and health care needs of rural and medically underserved areas of Georgia. Summarize your work and learning experiences you believe reflect congruence with this mission. There is no need to elaborate on relevant experiences listed in question 47 below but please include references to them as appropriate, and summarize here.**

**46. Upon completion of undergraduate medical education and residency, where do you intend to practice medicine? You may include information such as state, region, county (counties), city or town, and reasons for your plans in the space provided below.**

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**47. Documented Experiences:** This section is designed to give you the opportunity to include in your application any work or extracurricular activities that you would like to bring to the attention of Mercer University School of Medicine. **You can add up to 5 entries.** Please summarize each experience in the text boxes below as appropriate. When considering which experiences are the most meaningful, you might consider the transformative nature of the experience, the impact you made while engaging in the activity and the personal growth you experienced as a result of your participation.

**Experience 1:**

Name of the Experience	
Experience Type	
Experience Dates (mm/yy – mm/yy)	
Total Hours:	
Contact Name and Title:	
Contact Phone:	
Contact E-mail	
Organization Name:	
Brief Description of the Experience	
Impact of the Experience on your personal growth	

**Experience 2:**

Name of the Experience	
Experience Type	
Experience Dates (mm/yy – mm/yy)	

**Name of the Applicant:**

Total Hours:	
Contact Name and Title:	
Contact Phone:	
Contact E-mail	
Organization Name:	
Brief Description of the Experience	
Impact of the Experience on your personal growth	

**Experience 3:**

Name of the Experience	
Experience Type	
Experience Dates (mm/yy – mm/yy)	
Total Hours:	
Contact Name and Title:	
Contact Phone:	
Contact E-mail	
Organization Name:	
Brief Description of the Experience	

**Name of the Applicant:**

Impact of the Experience on your personal growth	

**Experience 4:**

Name of the Experience	
Experience Type	
Experience Dates (mm/yy – mm/yy)	
Total Hours:	
Contact Name and Title:	
Contact Phone:	
Contact E-mail	
Organization Name:	
Brief Description of the Experience (100 words max)	
Impact of the Experience on your personal growth (100 words max.)	

**Name of the Applicant:**

**Experience 5:**

Name of the Experience	
Experience Type	
Experience Dates (mm/yy – mm/yy)	
Total Hours:	
Contact Name and Title:	
Contact Phone:	
Contact E-mail	
Organization Name:	
Brief Description of the Experience	
Impact of the Experience on your personal growth.	

**48. If you wish to, please briefly explain below to the Admissions Committee experiences, attributes or qualifications you believe are unique to you that can add to the diversity of the educational environment at MUSM in the space provided.**

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**49. LETTER WRITERS:** Please enter the names of **at least two letter writers** that you have arranged to directly send confidential letters of evaluation in reference to your application to [musmadmissions@mercer.edu](mailto:musmadmissions@mercer.edu). For each letter writer, please indicate if you waive your right to access the letter. **Note:** One of these letters must be from the associate dean of student affairs or academic affairs or other appropriate official at the medical school in which you are currently enrolled. For guidelines on what this letter should include, please see FAQ#4 at <http://medicine.mercer.edu/admissions/md/application/transfer/>

<b>Letter Writer 1</b>	
Name of Letter Writer	
Title	
Name of Institution/Organization	
Mailing Address	
E-mail Address	
Phone Number	
Do you waive your right to access this letter? Yes/No	

<b>Letter Writer 2</b>	
Name of Letter Writer	
Title	
Institution/Organization	
Mailing Address	
E-mail Address	
Phone Number	
Do you waive your right to access this letter? Yes/No	

<b>Letter Writer 3</b>	
Name of Letter Writer	
Title	
Institution/Organization	
Mailing Address	
E-mail Address	
Phone Number	
Do you waive your right to access this letter? Yes/No	

<b>Letter Writer 4</b>	
Name of Letter Writer	
Title	
Institution/Organization	
Mailing Address	
E-mail Address	
Phone Number	

**Name of the Applicant:**

Do you waive your right to access this letter? Yes/No	
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**50. DECLARATION:** In order to complete this part of your application, you must certify the following statements by checking **each box** and signing your name below.

I certify that the information in this application and associated materials is current, complete, and accurate to the best of my knowledge.

I certify that all written passages and descriptions of experiences, are my own and have not been written, in part or in whole, by a third party. Quotations are permitted if the source is cited.

I understand and agree to authorize Mercer University School of Medicine to procure a national Criminal Background Check on me if I am extended an offer of acceptance.

I understand and agree that if I become the subject of an institutional action after certifying and submitting this application to inform Mercer University School of Medicine within 10 business days of its occurrence.

I understand and agree that should an initial offer of acceptance for transfer be made in reference to this application, it is contingent upon the following:

1. The applicant providing documentation that he/she is a US Citizen or US Permanent Resident.
2. The applicant providing documentation of domicile in the state of GA at least 12 months prior to the start of classes.  
<http://medicine.mercer.edu/www/mu-medicine/admissions/md/application/transfer/upload/Declaration-of-Domicile-in-GA-Transfer.pdf>
3. MUSM's receipt of official transcripts of all college coursework the acceptee has undertaken, directly from the respective institution(s), and official transcripts of completion of the first two academic years of medical school.
4. MUSM's receipt of an official USMLE Step 1 score by June 30 of the expected year of matriculation, and the applicant securing a Step 1 score of 225 or higher on this exam on the first attempt.
5. MUSM's receipt of an acceptable national Criminal Background Check on the applicant (accepted applicants will be required to authorize MUSM to procure one).
6. The applicant meeting MUSM's [Technical Standards for Admission to the M.D. program](#).
7. The applicant accepting campus assignment.

**Applicant's Signature:**

**Applicant's Legal Name:**

**Date (mm/dd/yyyy)**

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