

**COLLEGE OF ARTS AND SCIENCES BACCALAUREATE/MD PROGRAM
DEPARTMENT OF BIOENGINEERING BS/MD PROGRAM**

To complete your application for the College of Arts and Sciences Baccalaureate/MD program or the Department of Bioengineering BS/MD program, please submit the following materials:

1. A University of Toledo Application for Undergraduate Admission

Your application must include an official high school transcript and official ACT or SAT scores. Applicants to the Arts and Sciences Baccalaureate/MD program should enter the code PMED under the Intended Major section. Applicants to the Bioengineering BS/MD program should enter the code BIOP under the Intended Major section.

ITEM 1

**UNIVERSITY OF TOLEDO APPLICATION MATERIALS
MUST BE RECEIVED BY DECEMBER 1ST**

2. Application for the Baccalaureate/MD and BS/MD Programs form

Applicants may not apply to both programs and must select either the Baccalaureate/MD program offered by the College of Arts and Sciences, or the BS/MD program offered by the Department of Bioengineering. Based on the selected program, application materials should be returned to:

Arts and Sciences Baccalaureate/MD Program

Ms. Sharon Schnarre
The University of Toledo
College of Arts and Sciences MS 906
2801 W. Bancroft St.
Toledo OH 43606-3390
Phone: (419) 530-2102
Email: sharon.schnarre@utoledo.edu

Bioengineering BS/MD Program

Ms. Wiona Porath
The University of Toledo
Department of Bioengineering MS 303
2801 W. Bancroft St.
Toledo OH 43606-3390
Phone: (419) 530-8078
Email: wiona.porath@utoledo.edu

3. Personal Statement (one page limit)

In this statement, please write about how you became interested in a career in medicine, what steps you have taken to explore this career, what skills/personal traits you feel you would bring to this profession, and any additional information you feel the Admissions Committee members should know when considering your candidacy.

4. Three (3) letters of recommendation

At least two of these individuals should be high school teachers; the remaining letter can be provided by a counselor or employer that has first-hand knowledge of your academic performance or employment experience. A copy of the Recommendation Letter Information Sheet should be provided to each recommender to provide instructions to the recommender, and to indicate whether you waive or retain the right to view these letters. The recommender should then attach this form to their letter.

5. Resume (one page limit)

On your resume please include extracurricular activities, officer positions held, volunteer activities, honors and awards received, work experiences, hobbies and interests.

ITEMS 2 - 5

**BACCALAUREATE/MD AND BS/MD APPLICATION MATERIALS
MUST BE RECEIVED BY DECEMBER 31ST**

APPLICATION FOR THE BACCALAUREATE/MD AND BS/MD PROGRAMS

University of Toledo College of Arts and Sciences, Department of Bioengineering and College of Medicine

PROGRAM SELECTION: Please select the program you to which you are applying. You may not select more than one program.

Arts and Sciences Baccalaureate/MD program

Bioengineering BS/MD program

SUBMIT APPLICATION TO:

Ms. Sharon Schnarre, the University of Toledo
College of Arts and Sciences MS 906
2801 W. Bancroft St., Toledo OH 43606-3390

SUBMIT APPLICATION TO:

Ms. Wiona Porath, the University of Toledo
Department of Bioengineering MS 303
2801 W. Bancroft St., Toledo OH 43606-3390

Full Name _____
(Last) (First) (Middle)

Home Address _____
(Street) (City) (State) (Zip Code)

Telephone _____ Email _____

High School _____
(Name) (City) (State) (Zip Code)

Date of Birth _____ SSN _____ Grad. Date _____

CITIZENSHIP: Are you a citizen of the United States? Yes No
If not a US citizen, do you have permanent residency status in the United States? Yes No
If not a US citizen, submit a copy of your green card (front and back) to the Undergraduate Admissions Office.

HISTORY: Have you ever been convicted of a felony? Yes No
Have you ever been convicted of a misdemeanor? Yes No
If you have been convicted of a felony or a misdemeanor, please attach an explanation on a separate sheet.

RECOMMENDATIONS: Provide the names, titles and phone numbers of three individuals that will provide letters of recommendation with this application. At least two of these individuals should be high school teachers; the remaining letter can be provided by a counselor or employer that has first-hand knowledge of your academic or employment performance.

1. _____ Name	2. _____ Name	3. _____ Name
_____ Title	_____ Title	_____ Title
_____ School / Institution	_____ School / Institution	_____ School / Institution
_____ Phone	_____ Phone	_____ Phone

CERTIFICATION: I have completed this application and certify that all information provided in this application form and in the supplemental materials is complete and accurate to the best of my knowledge.

Signature of Applicant _____ Date _____

OFFICE USE ONLY – DO NOT WRITE IN THE SPACE BELOW

GPA / Scale _____ out of _____ Class Rank _____ out of _____

ACT date _____ ACT English/math/reading/science composite out of 36 _____

SAT date _____ SAT critical reading/math composite out of 1600 _____

RECOMMENDATION LETTER INFORMATION SHEET

TO THE APPLICANT:

Please read the following, provide the requested information, and give this form to your recommender.

Applicant: _____ SSN: _____
(Print Name of Applicant)

Under the Family Educational Rights and Privacy Act of 1974 you are entitled to review any materials kept in your student file, including recommendation letters. You may choose to waive your right to read this recommendation letter thereby enabling your recommender to submit a confidential evaluation of your credentials. It is **your** option to **waive** or **retain** the right to review this recommendation letter. Your choice will have no bearing on the College of Medicine Admissions Committee decision regarding your selection for this program.

I hereby waive retain my right of access to the recommendation written by:
(Check 1 box)

(Print Name of Recommender)

TO THE RECOMMENDER:

This student is applying for admission into the Baccalaureate/MD or BS/MD program at the University of Toledo and is requesting a recommendation letter from you in support of his/her application. Members of the Admissions Committee value your insights with respect to this student's intellectual abilities, maturity, and personal characteristics. When possible, cite specific examples to help illustrate attributes displayed by the student. The following list is intended to provide guidance in writing your recommendation letter. Do not feel obligated to discuss every point unless it is relevant to your interactions with this student.

1. Personal attributes

Please emphasize those traits that indicate special promise (or potential problems) for this individual in a professional program or health care field. The Admissions Committee is particularly interested in your assessment of this student's maturity level.

2. Academic achievement

Comments might include the following:

- a. Academic achievement relative to other students at your school
- b. Consistency of performance; analytical abilities; potential to handle a professional curriculum
- c. Degree of difficulty of high school program, including honors courses, AP courses, or college courses taken through post-secondary programs

3. Extracurricular / avocational activities

Any activities that indicate this student's motivation for a health professions career, illustrate his/her compassion for others, demonstrate his/her leadership skills or reveal his/her interpersonal skills are of special interest.

4. Honors received, academic or non-academic

Specify the competition or degree of selectivity of such awards; e.g., how many were awarded and who was in the applicant pool (e.g. national award, local award, etc.).

Please attach this form to your signed recommendation letter, place in a sealed envelope, sign your name across the flap and give to the student to include with his/her application materials.

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