

**THE UNIVERSITY OF TOLEDO
COLLEGE OF MEDICINE
SECONDARY APPLICATION
2010 ADMISSIONS**

(Attach Photo Here)

Name: _____

Preferred Mailing Address: _____

Telephone Number: _____

E-mail address: _____

Have you lived in Ohio for the previous 12 months? ___ Yes ___ No.

Are you claiming Ohio residency status?

(To be classified as a resident for in-state tuition purposes, a student must meet the guidelines for residency as defined by the Ohio Board of Regents. Please see this policy at <http://catalog.utoledo.edu/98-00catalog/gen-residency-policy.html>) ___ Yes ___ No.

1. In addition to the M.D. degree program for which you are applying by completing this secondary application, UT also offers dual degree programs in biomedical research (MD/PhD and MD/Master of Science in Biomedical Science) and public health (MD/Master of Public Health). If you are interested in these programs, please review them at the web addresses below. If you have any questions, please contact the Graduate School office (grdsch@utnet.utoledo.edu - 419 383-4112).

- MD/PhD-Doctor of Medicine and Doctor of Philosophy in Medical Sciences (<http://utoledo.edu/med/mdphd/index.html>)
- MD/MSBS-Doctor of Medicine and Master of Science in Biomedical Sciences (<http://utoledo.edu/med/grad/pdfs/mdms2.pdf>)
- MD/MPH-Doctor of Medicine and Master of Public Health (<http://apply.utoledo.edu/>)
- MD/MBA-Doctor of Medicine and Master of Business Administration (www.utoledo.edu/business)

If you wish to apply to a dual degree program, please check the appropriate box and complete the online graduate school application that is available at the following web address: www.hsc.utoledo.edu/grad/application.html. Please note that you do not need to take the Graduate Record Examination (GRE) to apply; your MCAT test scores will substitute for the GRE. In addition, please write a one-page description of your background and interest in the dual degree program and enclose it with this secondary application. Kindly complete the remainder of this application form as well. Please note that applying to any dual degree program will not alter the manner in which your application to the M.D. program is handled. You will be considered for the dual degree program only after you have been admitted to the M.D. program.

2. Using the back of this page or a separate sheet of paper, briefly discuss any extenuating circumstances which you feel are pertinent to your application (poor grades, course withdrawals, etc).

3. The University of Toledo College of Medicine is committed to excellence in education which prepares graduates to deliver quality health care. Developing cultural competence is an important goal in our curriculum. Cultural competence is defined as an awareness, understanding and ability to use specific methods to deal effectively with cultural issues and its role in health and health care. Please discuss a life experience in which you feel you demonstrated cultural competence. You may use the back of this page or attach an additional sheet of paper.

I affirm that the information I have provided on this application form is complete, accurate, and true to the best of my knowledge. I understand that furnishing false information on any part of this application may result in termination of my application or withdraw of acceptance if granted. Additionally, I will be subject to a criminal records check if I am considered for matriculation.

SIGNATURE _____ DATE _____