

## EARLY IDENTIFICATION PROGRAM APPLICATION 2023-2024

Application Deadline for Rhode Island applicants **December 4, 2023**

|   |                                 |                       |                    |
|---|---------------------------------|-----------------------|--------------------|
| 1. Legal Name                                     | Last                            | First                 | Middle             |
| <hr/>   |                                 |                       |                    |
| 2. Any other name appearing on your records?      |                                 |                       |                    |
|   | Last                            | First                 | Middle             |
| <hr/>   |                                 |                       |                    |
| 3. Preferred mailing address from <i>(date)</i> : |                                 | until <i>(date)</i> : |                    |
| Street  | City                            | State                 | Zip Code Telephone |
| <hr/>   |                                 |                       |                    |
| 4. Permanent Address                              |                                 |                       |                    |
| Street  | City                            | State                 | Zip Code Telephone |
| <hr/>   |                                 |                       |                    |
| 5. Email Address                                  | 6. Gender                       | 7. Date of Birth      | 8. Present Age     |
|   | <input type="checkbox"/> Male   |                       |                    |
|   | <input type="checkbox"/> Female |                       |                    |
|   | Non-binary                      |                       |                    |

**9.** Please list below the name, degree received, date of graduation, and relationship of anyone in your immediate family who is a graduate of Brown University or Alpert Medical School.

| Name | Type of Degree<br>(AB, MA, MD, etc.) | Graduation Date<br>(Month/Year) | Relationship<br>to You |
|------|--------------------------------------|---------------------------------|------------------------|
|      |                                      |                                 |                        |
|      |                                      |                                 |                        |
|      |                                      |                                 |                        |

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10. Family Data

| Name             | State of Residence | Occupation | Living?  |
|------------------|--------------------|------------|--|
| Parent 1         |                    |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parent 2         |                    |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ages of brothers | Ages of sisters    |            |  |

11. Secondary School

| Name | City | State | Year of Graduation |
|------|------|-------|--------------------|
|      |      |       |                    |

12. Prior College

List in chronological order all colleges attended (please include summer schools):

| Institution | City, State | Dates of Attendance<br>(Month/Year) |     | Type of Degree/<br>Concentration (e.g., BS/Biology) | Graduation Date |       |
|-------------|-------------|-------------------------------------|-----|---|-----------------|-------|
|             |             | From:                               | To: |   | Month:          | Year: |
|             |             | From:                               | To: |   | Month:          | Year: |
|             |             | From:                               | To: |   | Month:          | Year: |
|             |             | From:                               | To: |   | Month:          | Year: |

13. List the names and titles of three individuals whom you have asked to send a letter of recommendation, in addition to the premedical advisor's letter.

|      |       |
|------|-------|
| Name | Title |
| Name | Title |
| Name | Title |

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14. Summary of Academic Information (*please include grade point average and class rank only if normally derived by your school*):

- a. Cumulative undergraduate GPA: \_\_\_\_\_ on a scale of \_\_\_\_\_
- b. Cumulative undergraduate science GPA: \_\_\_\_\_ on a scale of \_\_\_\_\_
- c. High School Class Rank: \_\_\_\_\_ out of \_\_\_\_\_ students

15. Scores on standardized examinations (*most recent*):

|   |        |                   |                 |          |          |
|---|--------|-------------------|-----------------|----------|----------|
| Scholastic Aptitude Test (SAT) Test Date: | Total: | Critical Reading: | Math:           | Writing: |          |
| American College Test (ACT) Test Date:    | Total: | English:          | Math:           | Reading: | Science: |
|   |        | Writing:          | (if applicable) |          |          |

16. In what state do you claim legal residence?

17. Place of Birth:    City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

18. Certain federal funding programs require medical schools to document the number of applicants who are from disadvantaged backgrounds. Do you believe that you have come from an environment which has inhibited you from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a medical school?     Yes     No

*If YES, please describe below the obstacles that you have had to overcome in your pursuit of a medical education:*

19. Have you ever been the recipient of any institutional action by any college or university for unacceptable academic performance or conduct violation, even though such action may not have interrupted your enrollment or required you to withdraw?     Yes     No

20. Have you even been found guilty of or pleaded guilty or no contest to criminal misconduct in a federal, state or local court of law or any other form of competent jurisdiction? \*    Yes     No

*\* If you answered "Yes" to Question 19 or 20, please explain the circumstances below.*

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21. List any honors you have received in college. *(Please include honor societies.)*

22. In which work, extracurricular, community or avocational activities have you participated in the last three years? It may be helpful to list your activities under categories such as: Healthcare (including shadowing); Leadership; Volunteering; Extracurricular Involvement, etc. (Please list dates and approximate number of hours.)

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23. Please share with us something about yourself that is not addressed elsewhere in your application and which may help the Admissions Committee to assess your motivation for a career in medicine. We are especially interested in learning about any experiences that have confirmed your commitment to a medical career.

Certification Statement

I certify that the information presented in my application is accurate, complete, honestly presented, and written by me. I also certify that any information submitted on my behalf, including letters of evaluation, is authentic. I understand and agree that any inaccurate information, misleading information, plagiarism, or omission will be cause for the rescission of any provisional offer of admission, or for discipline, dismissal or revocation of degree if discovered at a later date. The information in my application may be used by The Warren Alpert Medical School of Brown University for research purposes. I understand that I will be required to complete information needed for a criminal background check (CBC) if offered admission. I understand that Alpert Medical School reserves the right to reconsider an offer of admission if the CBC results or other information comes to the attention of the Admissions Committee raises concerns regarding my suitability for a career in medicine.