

## EARLY IDENTIFICATION PROGRAM APPLICATION 2024-2025

Application Deadline for Rhode Island applicants **December 2, 2024**

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 (AB, MA, MD, etc.)	Graduation Date (Month/Year)	Relationship 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 (Month/Year)		Type of Degree/ 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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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.