

UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH SCIENCES INDIANS INTO MEDICINE



Med Prep Program Application

SECTION I: DEMOGRAPHIC INFORMATION

Contact Information:

Today's Date: ____ / ____ / ____
MM DD YYYY

Name: _____
Last First Middle initial

Date of Birth: ____ / ____ / ____ Gender: _____
MM DD YYYY

Mailing Address: _____
Box or street address

City State Zip code

Permanent Address: Check if same as mailing address

Box or street address

City State Zip code

Cell Phone: _____ Email: _____

Name of Tribe and Reservation: _____
 Check if you are an enrolled member

SECTION II: ACADEMIC INFORMATION

Undergraduate Major: _____ Graduate Program: _____

	School Name	City and State	Program/Major	Grad Date/ Dates Attended
College/University 1				
College/University 2				
Post Bac/Graduate				
Tribal College				
Other				
Other				
Other				

SECTION III: AUTOBIOGRAPHICAL SKETCH

Please write a short essay in which you tell us about yourself and how you would like the INMED Program to help you meet your academic goals.

SECTION IV: SIGNATURES

I certify that all information provided is true and correct to the best of my knowledge. I understand the INMED Program will use this information solely for the purpose of determining participant eligibility and student tracking and scholarships.

Name of Applicant (please print)

Applicant's Signature

Date: ____ / ____ / ____
MM DD YYYY

APPLICATION REQUIREMENTS

1. Letter of Recommendation (Faculty or Supervisor)
2. Unofficial academic transcript(s)
3. Documentation of tribal enrollment or affiliation

Please return all documents via email or mail to:
University of North Dakota School of Medicine & Health Sciences
Indians Into Medicine
Room E251
1301 N Columbia Rd Stop 9037
Grand Forks, ND 58202-9037

inmed@UND.edu

Questions or additional information, please call
701.777.3037 or email inmed@UND.edu