

# 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Gender: \_\_\_\_\_

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/<br>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.

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Name of Applicant (please print)

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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 E161  
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