

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



Medical School 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 I: TRIBAL LETTER OF RECOMMENDATION

The purpose of the tribal letter of recommendation is to help INMED (Indians Into Medicine) determine mission fit. It will be used to assess your tribal connection and/ or connection to any other US federally recognized tribe. You may obtain a letter from a tribal representative who serves in tribal government, tribal health care, and or any other tribal entity. **You or your letter writer may submit the letter via email or mail to the INMED office.**

Letter writers should include the following:

- Relationship to the applicant
- Description of the applicant's attributes that make him or her an ideal candidate for medical school and a career in medicine.
- Your observation and/or knowledge of the applicant's tribal /cultural involvement in a tribal community, tribal health care, and/or other cultural activities.
- Length of time you have known the applicant.

SECTION III:

I am applying for admission to (please check one):

University of North Dakota School of Medicine & Health Sciences (UND SMHS)

University of South Dakota Sanford School of Medicine (USD SSOM)

Both Schools (UND & USD)

SECTION IV: ACADEMIC INFORMATION

Undergraduate Major: _____

	School Name	City and State	Program/Major	Grad Date/ Dates Attended
High School				
Tribal College 1				
Tribal College 2				
College/University 1				
College/University 2				
Technical College				
Other				

SECTION V: 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. In addition, please include your responses to the following:

1. Please give us examples of how your culture has influenced your decision to become a physician.
2. Tell us about your cultural involvement in your tribal community or outside of it.

SECTION VI: 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

SECTION VI: APPLICATION INFORMATION RELEASE

I hereby grant permission for any and all information pertaining to my application for admission and participation in the admissions process at the University of North Dakota School of Medicine & Health Sciences to be shared with INMED advising staff for the duration of the relevant application year/cycle.

Name of Applicant (please print)

Applicant's Signature

Date: ____ / ____ / ____
MM DD YYYY

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