

# 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 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