SUPPLEMENTAL APPLICATION

MD-PhD Program

1. Name (Last, First, Middle):
2. Present mailing address:

Number and Street

City State Zip

1. Current telephone number where you may be reached   
   (please update us if it changes) Area code Number

4. E-mail address: How often do you check for e-mail?

5. Graduate Experience (if any)

School:

Major/Minor:

1. Graduate Record Examination (GRE)  
   (Although not required for admission to the MD-PhD program, please indicate scores if you have taken them)

|  |  |
| --- | --- |
| General Test | Advanced test |
| Test date: | Test date: |
| Verbal score: | Subject: |
| Quantitative score: | Score: |
| Analytical score: |  |

1. Please answer the following questions on an additional sheet of paper.
2. Describe any previous research experiences and list publications which may have resulted from these experiences (include a copy of publications if applicable).
3. Describe your current or, if known, your future research interest. Which PhD programs available at VCU appeal to you the most?
4. What are your career objectives and how will the MD/PhD program assist you in attaining these objectives?

Please have an individual who would be most familiar with or able to assess your research potential complete the enclosed evaluation form. Please indicate the individual’s name:

I certify, under penalty of disciplinary action, that the information I have provided is true:

Signature of applicant Date

Please complete and return application within approximately two weeks to:  
MD-PhD Program, School of Medicine

**Virginia Commonwealth University Box 980158**

**Richmond, VA 23298-0158**