

Summary Sheet

Student Name: _____ Date: _____

Birthdate _____ Self-Description (Ethnic/Racial) _____

Gender _____

State of Residence _____

Mailing Address _____ Permanent Address _____

Home Phone _____ Cellular Phone _____

E-mail _____ Best Times to Call _____

Disadvantaged Student Status:

Educationally Disadvantaged: Yes No

Economically Disadvantaged: Yes No

Father's Occupation _____

Mother's Occupation _____

Last two MCAT scores:

Date	Chemical and Physical Foundations of Biological Systems	Critical Analysis and Reasoning Skills	Biological and Biochemical Foundations of Living Systems	Psychological, Social and Biological Foundations of Behavior	Total

College and University History:

Type Name State From - To Major 1 Major 2 Degree Date

	BCPPM		AO		TOTALS	
	GPA	HRS	GPA	HRS	GPA	HRS
Freshmen						
Sophomore						
Junior						
Senior						
Total Undergraduate						
Post Baccalaureate						
Graduate						
Since Applying						
Last Term						
Combined GPA / HRS						

Abbreviations: BCPM=Biology, Chemistry, Physics, Psychological and Mathematics; **AO=**All others, **GPA=**Grade Point Average; **HRS=**Credit Hours



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

MASTER OF SCIENCE IN MEDICAL SCIENCE PROGRAM

Legal Disclosure Form

Indiana University School of Medicine (IUSM) strives to create and maintain an environment in which faculty, graduate students, fellows, residents, medical students, and employees can work together to further education and research, and provide the highest level of patient care possible. It is also the goal of the school to train men and women to meet the highest standards of professionalism and work in an environment of effective, ethical, and compassionate patient care.

To this end, the faculty, student body and staff have developed an Honor Code and the IUSM Core Values and Guiding Principles (http://msa.medicine.iu.edu/files/6713/2087/1617/Honor_Code.pdf)

To help achieve these goals, applicants are required to disclose to the Master of Science in Medical Science (MSMS) Programs Admissions Advisory Committee in writing (*even if a charge has been dismissed*):

- Whether they have ever been convicted of, or pled guilty or no contest to, a felony, misdemeanor, or any offense other than a minor traffic violation;
- Whether they have any criminal charges pending against them;
- Whether they have ever participated in a first offender, deferred adjudication or pretrial diversion, or other program or arrangement where judgment or conviction has been withheld.

Failure to disclose the above may result in the withdrawal of an acceptance or, in the case of accepted or matriculated students, dismissal from medical school.

In light of the above statements, please check the box below which applies to you. If you have a disclosure to make, please attach a letter which fully describes the incident(s).

No, I do not have any legal disclosures to make.

Yes, I do have legal disclosures to make, and my letter is attached.

Please note: The School of Medicine will conduct a criminal history check for all accepted students.

Print name _____ Date _____

Signature _____