

Special Curricular Programs

UIC College of Medicine • 808 South Wood Street, Room 990 CME (m/c 591) • Chicago IL 60612

2018 MD/Joint Degree Application

1. Name: _____
Last First Initial
2. MD Class of _____
3. UIN # _____ AAMC ID#: _____
4. Current Address: _____
City: _____ State: ____ Zip: _____
5. Current Telephone #: _____ 6. Email Address: _____
7. Which joint degree program are you applying for?
MD/MBA ____ MD/MPH ____ Division: _____ MD/MS-BioE ____ MD/MS-CTS ____

While we have the information you provided to the UIC College of Medicine via the AMCAS and supplemental applications, we would like you to answer the following questions in relation to the Joint Degree Program. Please limit your responses to no more than one page (total).

8. What are your career goals and describe how this relates to your interest in the joint degree?
9. What experiences, course work or skills do you have that would allow you to learn effectively in a joint degree program?

Thank you for your interest in the MD/Joint Degree Programs. For additional questions please contact the College of Medicine Special Curricular Programs at jorgeg@uic.edu