



**CHRISTOPHER NEWPORT UNIVERSITY  
EASTERN VIRGINIA MEDICAL SCHOOL  
JOINT PROGRAM IN MEDICINE  
APPLICATION**

**ATTACH PHOTO**

1. NAME \_\_\_\_\_ SSN: \_\_\_\_\_  
*LAST FIRST MIDDLE*

2. COLLEGE ADDRESS \_\_\_\_\_ PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. LOCAL PHONE # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_ MOBILE # \_\_\_\_\_

4. E-MAIL ADDRESS \_\_\_\_\_

5. HIGH SCHOOL ATTENDED \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

6. SAT SCORES: VERBAL \_\_\_\_\_ MATH \_\_\_\_\_ (attach student score report)

7. PARENTS/LEGAL GUARDIAN	LIVING (Y/N)	EDUCATION LEVEL	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____

8. HONORS RECEIVED WHILE IN HIGH SCHOOL/COLLEGE (attach separate page if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. EXTRACURRICULAR, COMMUNITY AND/OR VOCATIONAL ACTIVITIES WHILE IN HIGH SCHOOL/COLLEGE  
(attach separate page if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

10. EMPLOYMENT DURING HIGH SCHOOL/COLLEGE (Including Summers) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. DESCRIBE YOUR EXPOSURE TO MEDICINE:**

**13. DESCRIBE YOUR REASONS AND GOALS FOR PURSUING A CAREER IN MEDICINE:**

***Return application materials to: Dr. Harold Grau, HPAC Chair, Dept of BCES  
NO LATER THAN 4 PM ON FRIDAY OF THE FIRST WEEK OF SPRING SEMESTER  
Application to this program grants the registrar permission to provide transcripts and scholastic aptitude test scores.***

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Before returning your completed application, make sure you have:**

- signed it
- attached a photograph (name printed on back), and
- submitted transcripts, SAT scores

**{NOTE – IF SELECTED by HPAC you must submit a check or money order for \$35 made payable to Eastern Virginia Medical School }**