



Temple University School of Medicine Post-baccalaureate Linkage Supplemental Application

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Biographic Information

Social Security Number: _____
Date of Birth: _____ Sex: _____
County and State of Legal Residence: _____
Country of Citizenship: _____
If not United States, what is your Visa Status: _____

Secondary Education

College Name: _____
City/State: _____
Degree: _____
College GPA: _____

SAT scores

Date: _____	Verbal: _____	Math: _____
Date: _____	Verbal: _____	Math: _____
Date: _____	Verbal: _____	Math: _____

Other Standardized Test Scores

Date: _____	Breakout and Total: _____
Date: _____	Breakout and Total: _____
Date: _____	Breakout and Total: _____

Alumni Information

If the answer is yes, for any of the following questions, please provide requested information.

1. Did your parents, grandparents, spouse or sibling attend or graduate from Temple University School of Medicine? _____ Yes _____ No

Name: _____

Year of Graduation: _____

Relationship: _____ Parent _____ Grandparent _____ Spouse _____ Sibling

Address: _____

2. Do you have other relatives that currently attend or graduated from Temple University School of Medicine? _____ Yes _____ No

Name: _____

Year of Graduation: _____

Relationship: _____

Address: _____

3. Are either of your parents or grandparents faculty members of Temple University School of Medicine? _____ Yes _____ No

Name: _____

Academic Department: _____

Relationship: _____ Parent _____ Grandparent

Address: _____

Additional Information

Please answer the following questions on an additional sheet of paper:

1. What is the nature of your special interest in Temple University School of Medicine?
2. Why are you interested in pursuing the post-baccalaureate linkage?
3. What extracurricular activities have you been involved with?
4. What medically related experience do you have?
5. What is your interest in the field of medicine?
6. Is there anything else you would like us to know about you?
7. Have you ever been convicted of a felony? If yes, provide details

By signing below, I certify that all information on the supplemental application and supporting credentials is correct and complete. I understand that if any information furnished by me is found to be untrue, I may be denied admission, or if admission has been granted, the offer may be withdrawn.

Signature _____ Date _____