

**Global Medicine (GMED) Program
UIC College of Medicine
Program Application 2019**

Due March 1st 2019 at 5 PM CST

You may submit any time prior to due date; **only applications of admitted students will be reviewed**

1. Name: _____
Last First Middle Initial
2. AAMC ID#: _____
3. Current Address: _____
4. City: _____ State: _____ Zip: _____
5. Current Telephone #: _____ 6. Email Address: _____
7. Undergraduate School: _____ 8. State of Legal Residence _____

Please answer the questions below on a **single page**. Note that these should not duplicate information in your AMCAS application.

10. Why do you want to join the Global Medicine program? What do you hope to gain from the GMED Program?
11. What experiences, skills or attitudes do you have that would enable you to contribute effectively to the Global Medicine curriculum?
12. Please provide any additional information that might enhance your GMED application.



UIC CENTER FOR
GLOBAL HEALTH

Thank you for your interest in the Global Medicine curriculum. Please submit this application to GMed@uic.edu. Since space in the GMED program is limited, an in-person interview, if requested, will take place on 4/1/19.