



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

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

*NOTE: Letters of recommendation on your behalf must be submitted from three faculty members (2 science/1 non science).  
Return application materials to: (FILL IN INFORMATION FOR YOUR SCHOOL)  
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)
- submitted recommendation letters, transcripts, SAT/ACT scores, and
- enclosed a check or money order for \$35 made payable to Eastern Virginia Medical School