

## Application for Sponsorship -- UNO Pre-Medical Committee

Electronically return to: [premed@unomaha.edu](mailto:premed@unomaha.edu)

**Applications should be turned in by one of these due dates: January 20 or August 20.** Decisions are generally announced four weeks after the due date.

- I have an overall GPA greater than 3.500.
- I have completed at least 10 credit hours of UNO science (Biol/Chem/Phys) classes.
- I have completed Organic Chemistry I with a grade of C+ or higher.
- I have shadowed one or more physicians for at least 4 hours in total.
- I have recorded my Pre-med interest at <https://webapp.unomaha.edu/pre-professional/>
- I have e-mailed an acceptable photo to [premed@unomaha.edu](mailto:premed@unomaha.edu)? (see page 3)
- I am a U.S. citizen (or Permanent resident).

***If you don't meet ALL SEVEN requirements (above) OR if this is a re-application, please ATTACH current, unofficial transcripts from each college/university you've attended and ONE page describing why your application should be (re)-considered. You may re-apply if your application is not accepted.***

Name: \_\_\_\_\_ UNO E-mail: \_\_\_\_\_

Current overall GPA: \_\_\_\_\_ Year you plan to enter medical school: Fall \_\_\_\_\_

Major(s) and minor(s): \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

How many years between your first college year and your ideal medical school entrance year? \_\_\_\_\_

List up to 2 other colleges/universities you have attended and indicate the number of credit hours completed at each.

INSTITUTION  
UNO

HOURS (indicate the degree earned, if applicable)  
UNO hours: \_\_\_\_\_

Other school #1: \_\_\_\_\_

Hours/degree: \_\_\_\_\_

Other school #2: \_\_\_\_\_

Hours/degree: \_\_\_\_\_

Indicate your preference for a Pre-medical faculty mentor (see Committee members at [cas.unomaha.edu/healthcareers](http://cas.unomaha.edu/healthcareers))

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Describe your Alternate Career Goal (see [www.unomaha.edu/premed](http://www.unomaha.edu/premed) for more information). E.g. describe the career (not education) you would pursue if you were not to become a physician. Do NOT use more space than provided.

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CONDITIONS OF SPONSORSHIP: By electronically signing this form, you agree to the following:

- **You agree to timely (i.e. 48 hours) provide the UNO Pre-Medical Committee (via [premed@unomaha.edu](mailto:premed@unomaha.edu)) with updates concerning your application submission and verification, MCAT testing dates and scores, scheduled interviews, and acceptance/rejection status with medical schools.** We report your compliance with this rule to medical schools in your Pre-Med Committee letter.
- Classes completed at other institutions should be successfully transferred to your UNO (University of Nebraska at Omaha) academic record prior to Committee application.
- You acknowledge that the committee will communicate with you primarily via your university-issued e-mail address ([xyz@unomaha.edu](mailto:xyz@unomaha.edu)).
- Normally, your committee sponsorship will be in effect as long as you are an enrolled student at UNO. If requested in writing to the committee chair, an extension of sponsorship may be granted to students who have recently completed classwork at UNO on a semester-by-semester basis; in such cases, involvement in Committee sponsored activities will be expected unless otherwise agreed upon.
- Sponsorship can be removed or suspended at any time, and solely at the discretion of the committee or committee chair. We will inform medical schools to which you may have applied of any sponsorship status change if your application has already been submitted. Reasons leading to removal or suspension of sponsorship can include, but are not limited to: poor academic performance, failure to attend mandatory meetings, incomplete assignments given to sponsored students by the committee (e.g. mentoring), academic dishonesty, or unbecoming conduct.
- You agree to deposit your completed, printed AMCAS and/or DO school application and secondary applications with the UNO Pre-Medical Committee for the purposes of data analysis and use in mentoring future students. Personal, identifiable information should be redacted (black marker) by you prior to deposition.
- You agree to allow the UNO Pre-Medical Committee to, at any time, access, review, discuss, and forward any of your academic, conduct, Public Safety, and/or other student or employment files or documents from UNO or the NU system. You agree that Committee members can communicate with other professors, advisers, other UNO employees and affiliates, and medical schools regarding this information.
- You agree to provide mentoring to other UNO students as requested by the Committee, and returning to UNO (if local) to describe your career progress to current UNO students following your graduation. You further consent to UNO's use of your name, photograph, likeness, redacted application, and comments for promotional or other purposes, as the University in its sole discretion may determine.
- You assert that the information you have provided is entirely correct and complete.
- You agree to indicate YES to the following question on the AMCAS application:  
**Release to Undergraduate Health Professions Advisor \***

I hereby authorize the AAMC to release a record of my MCAT scores to the health professions advisor and the health professions advisory committee of the undergraduate institution that will provide my letters of evaluation to schools of medicine and/or where I will complete the courses required for application to medical school. Furthermore, if I applied for fee assistance through the AAMC Fee Assistance Program, and in my fee assistance application agreed to release award information to my health professions advisor, that information will be made available along with my test scores.

By signing below, you agree to abide by the conditions and requirements listed in this document.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NUID: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Check this box if you have previously applied for UNO Pre-Medical Committee sponsorship. If so, briefly explain what has changed:

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## PHOTO REQUIREMENTS

Your application requires a ***PROFESSIONAL portrait photograph*** of yourself sent to [premed@unomaha.edu](mailto:premed@unomaha.edu). It is likely that this photograph will be sent to the medical schools to which you apply.

**You should be wearing professional business attire.** To present yourself as an individual who understands the professional norms of the medical field, **you are strongly advised that your hair, face, clothing, and other features be conservative and modest.**

UNO has an arrangement with, and students are expected to use, The Village Photographer to receive a professional photo. They offer UNO Pre-Med students a special rate for photos. Students who wish to substitute a previous professional photo of equal quality and compatible characteristics must receive PRIOR approval from the Pre-Medical Committee chair at least 4 weeks before submitting your application. Substitute photos will not be used on posters and other materials featuring Committee-sponsored students.

To arrange a photo, please contact The Village Photographer at (402) 551-4205 or <https://thevillagephotographer.wordpress.com/category/medical-school-special/>

**Applications may be rejected if a photograph is not considered acceptable or is not received by the due date of the application.**

### Examples:

