

PLEASE PRINT

Name: _____
Last First MI



Tennessee Institutes for Pre-Professionals (TIP) is a competitive summer enrichment program for under-represented residents of Tennessee who wish to pursue a career in dentistry, medicine or pharmacy. TIP provides seven-week opportunities for college freshman through senior-level students.

The program features a variety of exposures throughout its Tracks:

1. Clinical internships
2. Professional school test-preparation workshops
3. Professional school pre-matriculation program
4. Learning skills development workshops

Brief Overview

Track I

Generally for freshmen or sophomores, TIP offers a seven week summer experience which provides basic science review, primary care [internship] exposures, counseling, and learning skills development workshops.

Track II

For college juniors, TIP offers a seven week summer, standardized test-preparation experience for students attempting the following professional school examinations: MCAT, DAT, or the PCAT.

Please indicate the program to which you are applying:

- Track I-Internship (Freshmen and Sophomores)
- Track II-Entrance Exam Prep (Junior and Seniors)

Please indicate your professional career interest (choose only one):

- Dentistry
- Medicine
- Pharmacy

FOR STUDENTS WHO HAVE ALREADY PARTICIPATED IN TIP:

Track in which you have participated:

- Track I (Freshmen and Sophomores)
- Track II (Junior and Seniors)

Date of last TIP Participation:

Summer of _____

Note: Participation in the TIP program is a full-time commitment. No other outside obligations [i.e., summer school, vacations, or work] are permitted during the summer.

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General Eligibility Criteria

- Must represent one of the following groups: individuals who are historically underrepresented in science and in the health care professions: underrepresented minority students, non-traditional students, students with disabilities, and students who represent the first in their families to pursue higher education.
- Must be enrolled in an accredited college or university engaged in undergraduate studies. (College graduates, however, will be considered by health professions admission personnel on an individual basis).
- Must clearly demonstrate an interest in pursuing a professional degree in medicine, dentistry or pharmacy.
- Must have an earned GPA of 2.7 IN REQUIRED SCIENCE COURSES with a 3.0 OVERALL GPA.
- Must demonstrate evidence of involvement and leadership in school and/or community activities.

TRACK I

By the time of application submission:

- Freshman must have completed one semester of general biology or one semester of general chemistry. One semester of college math is also highly desirable. The GPA must be 2.7 in the sciences and 3.0 overall.
- Sophomores must show evidence of having completed 2 semesters of general biology and general chemistry, with a science and overall GPA of 3.0. Additionally, applicants must have completed one semester of organic chemistry or physics.

TRACK II

Juniors must have successfully completed all science courses required for the MCAT, PCAT, and DAT professional school entrance examinations, e.g. general biology, general chemistry, organic chemistry, and physics. If there are some required courses still in progress, following the application's submission, students completing the last of a course requirement must show evidence of its completion before participation.

In addition to meeting these minimum criteria, consideration is given to other factors in the applicant's background which provide evidence of the applicant's potential to benefit from TIP, to be admitted to and complete professional school, and to become a successful practitioner. Factors considered by these committees include:

1. Undergraduate school performance at the time of application.
2. Performance in core courses;
3. Public or community service;
4. Personal background;
5. Other factors that bear on an applicant's potential success.

No one criterion will determine acceptance or rejection.
All criteria will be considered collectively in the selection of applicants.

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The Application Process

All applications to the TIP program must be submitted using the **paper form** which will be available on November 1. The application deadline is February 28th. THERE WILL BE NO EXCEPTIONS. Admission's decisions will be mailed on or by April 15.

A COMPLETED APPLICATION CONSISTS OF THE FOLLOWING:

- Three (3) Letters of Recommendation, at least two from recent college faculty in the sciences;
A typed application;
- 500 word essay (not repeating information which can be found on the application itself);
- Official transcript from every college attended.

Tennessee Institutes for Pre-Professionals
The University of Tennessee Health Science Center
8 South Dunlap, Room BB9
Memphis, TN 38163
(901) 448-8772 or 1-800-998-8654
Fax: (901) 448-1451
Website: www.utmem.edu/tip

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Name: _____
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DO NOT WRITE IN THIS SPACE

Date Received: _____
Date Completed: _____
Status: _____

I. PERSONAL DATA

Name (Please Print) _____
First MI Last

Maiden Name _____ SSN _____

Present Address _____ Ph. No. (____) _____
Street

City State County Zip Code

Permanent Address _____ Ph. No. (____) _____
(If different) Street

City State County Zip Code

Preferred Mailing Address: Present Permanent

E-mail Address: _____

College/University Attending _____

City State Zip Code

Date of Birth: ____ / ____ / ____ Place of Birth: _____
City State Country

Gender: Male Female

Ethnic Heritage: African American Caucasian Asian Native American
 Hispanic/Latino Pacific Islander Other _____

Do you require any physical accommodations? Yes No

If yes, please describe: _____

Do you now, or have you ever served in the Armed Forces of the United States? Yes No

Emergency Contact: Name _____ Ph. No. (____) _____

II. RESIDENCY VERIFICATION

1. Are you a United States citizen? Yes No

If "No", are you a permanent resident of the United States? Yes No

If "Yes", please provide Alien Registration/Admission number (from I-94) RANO# _____,
and a copy of your green card (front and back).

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2. Are you a current resident of Tennessee? Yes No

If "Yes," for how long? _____

If "No," because _____

Have you lived in Tennessee since birth? Yes No

If "No," give date and purpose of your coming or returning to Tennessee: _____

3. Have you ever been convicted of any violation of criminal law other than traffic laws, or is there any charge pending against you? Yes No

If "Yes," please explain. _____

4. Do you live with your parents/guardians? Yes No

Parent's/Guardian's name _____ Ph. No. (____) _____

City _____ State _____ County _____ Zip Code _____

List educational degree earned by parents: Father _____ Mother _____

III. EDUCATIONAL DATA

List all high schools, colleges/universities, and professional schools attended in chronological order (present to past).

School	City/State	Dates Attended	Grad. Date	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Undergraduate Major: _____

Have you graduated? Yes No

If no, please provide your current undergraduate classification? _____

Expected Graduation Date: _____

Have you previously participated in an enrichment program for under-represented students?

Yes No

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If "Yes," state the name/site of the program(s) and dates of participation.

Have you previously applied to a school of Dentistry, Medicine or Pharmacy?

Yes No

a. If "Yes," indicate the appropriate discipline below:

Dentistry **Medicine** **Pharmacy**

b. Indicate below the names of the professional school(s) and the date(s) of your application:

Have you taken any of the following tests?

ACT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Composite Score _____	
SAT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Composite Score _____	
GRE	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Composite Score _____	
MCAT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Composite Score _____	V _____ B _____ P _____
DAT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Composite Score _____	
			Academic Avg.	_____
			Biology	_____
			Chemistry	_____
			Org. Chemistry	_____
			Perceptual Ability	_____
			Quant. Reasoning	_____
			Read. Comp.	_____
			Total Science	_____
PCAT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Composite Score _____	
			Verbal Ability	_____
			Biology	_____
			Read. Comp.	_____
			Quant. Ability	_____
			Chemistry	_____

IV. PERSONAL EXPERIENCES AND ACTIVITIES

1. On a separate piece of paper, please list extra-curricular activities (school, church, and community) in which you have participated. Indicate with dates and offices or positions held.

2. Has there been a lapse of time since you attended school?
 Yes No

If yes, on a separate piece of paper, state the pertinent activities in which you were involved during that time.

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3. List your two most recent work experiences and the dates of employment for jobs held.

Employer	Job Title	Employment Date

4. How did you learn about the TIP program? _____

V. GENERAL INFORMATION

(On a separate piece of paper, please respond to the following.)

1. In brief statement, please explain why you consider yourself a member of a group historically underrepresented in science and health care professions.
2. In a statement of **500 words** describe your life up to now: family, friends, home, school, work, and particularly those experiences most relevant to your interests in health careers.

Please include information about your **1)** educational/socioeconomic background, **2)** your career selection process **3)** extracurricular activities, **4)** work experience, **5)** academic passion as well as any **6)** adversity/disadvantage and/or unusual hardships you have overcome.

I certify **1)** that the statements in this application are true and complete to the best of my knowledge, **AND 2)** that I have attended no institution other than those listed herein. I also am aware that failure to provide the required items may delay the processing of my application. I consent to the release of my educational records from the college(s) I have attended for the purpose of admission.

Signature _____

Date _____

If you have questions, please contact the following office:

Tennessee Institute for Pre-Professionals

8 S. Dunlap Avenue Suite BB9

Memphis, TN 38163

Phone: 901-448-8772

Toll free: (800) 998-8654

Fax: 901-448-1451

Website: www.utmem.edu/tip

Application Deadline: **February 28th**

The University of Tennessee is an EEQ/AA/TITLE IX/Section 504/ADA employer.