



UNIVERSITY OF NEVADA
SCHOOL *of* MEDICINE

Getting to know you:

1. In a few sentences, please explain your reasons for considering medicine as a prospective career. What are your areas of interest (i.e. pediatrics, family, etc.)?

2. What is your mentor preference?
Male _____ Married _____
Female _____ Married with kids _____
Rural Background _____ Other (please list) _____

3. Please list any specific questions you have for medical students, faculty, and staff.

4. Please attach an unofficial copy of your transcript to this application.

Please submit your application to:

Judy Hanrahan
University of Nevada School of Medicine
Office of Recruitment/198
Reno, NV 89557-0198
(775) 682-8387
(775) 784-6194 FAX
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Thank you for your interest.