



**Please list any unusual debt, type and amount, not previously listed on this application:  
(Unexplained credit card debt, regular mortgage payments and car loans are NOT considered unusual debt)**

Type of debt: \_\_\_\_\_ Amt. of debt: \$ \_\_\_\_\_

**PLEASE NUMBER THE TOP THREE OF THE FOLLOWING IN ORDER OF INTEREST:**

- \_\_\_\_\_ **geriatrics/gerontology**
- \_\_\_\_\_ **health care policy**
- \_\_\_\_\_ **medical research**
- \_\_\_\_\_ **obstetrics/gynecology**
- \_\_\_\_\_ **oncology**
- \_\_\_\_\_ **primary care (family medicine, internal medicine, pediatrics)**
- \_\_\_\_\_ **psychiatry**
- \_\_\_\_\_ **surgery**
- \_\_\_\_\_ **women's health**
- \_\_\_\_\_ **other area not listed above: \_\_\_\_\_**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this application as soon as possible to:**

Office of Admissions and Student Affairs  
Mailstop 357  
Reno, Nevada 89557  
Voice: (775) 784-6063  
Fax: (775) 784-6194

**Note: Students in Las Vegas may submit their applications to the Office of Student Affairs:**

Office of Student Affairs  
2040 W. Charleston Bldg., Suite 504  
Las Vegas, NV 89102  
(702) 671-2202