



**TECHNION AMERICAN MEDICAL STUDENTS PROGRAM
RUTH & BRUCE RAPPAPORT FACULTY OF MEDICINE
TECHNION - ISRAEL INSTITUTE OF TECHNOLOGY
APPLICATION FOR ADMISSION IN AUGUST, 2012**



All fields marked with an asterisk (*) are required

Residence in Israel:

*Have you lived in Israel before? Yes No

From Year	Till Year	Reason for leaving Israel
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Army service:

*Did you serve in the Israeli Army (IDF)? Yes No

*If yes, Please indicate the years: From year: _____ Till Year: _____

*Are you in reserve duty? Yes No

Comments (if necessary): _____

Please submit the complete application and additional documentation by May 30, 2012



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Undergraduate Academic Record:

*Name of College (and branch, if any) _____

*Degree (Bachelor/ Masters etc.) _____

*Field of Major Study _____

Field of Minor Study _____

*Overall GPA _____

*Start Date _____ (MM/YYYY)

*End Date _____ (MM/YYYY) In progress

*Graduation Date _____ (MM/YYYY) N/A

Previous Medical School Studies

All fields marked with an asterisk (*) are required

*Have you ever attended another medical school? Yes No

If yes – please make sure to provide all official documents related – official transcripts, official letters of recommendations,

*Start Date _____ (MM/YYYY)

*End Date _____ (MM/YYYY)

*Where? _____

Comments (if necessary): _____

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Pre-Med Courses

Please list all courses taken and grades received, in addition to official transcript.

Prerequisite Course work	*College	*Course Title	*Grade
General Biology 1			
General Biology 1			
General Chemistry1			
General Chemistry2			
Organic Chemistry 1			
Organic Chemistry 2			
General Physics 1			
General Physics 2			

*(Conversion scale: A+=4.3; A = 4.0; B+ = 3.3;B = 3.0; B- = 2.7 etc. or use the AMCAS calculation.)

The Medical College Admission Test (MCAT)

Please state the dates when the test was taken and/or repeated

If you have not yet taken the test, please make sure to note expected exam date

(Please attach the official MCAT results)

*Have you taken the MCAT yet? Yes No

*Date (MM/YYYY)	*Verbal Reasoning	*Physical Sciences	*Writing Sample	*Biological Sciences
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Are you planning on retaking the exam? Yes No

* Expected Exam Date: _____ (MM/YYYY)

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Included are the following:

1. Completed and signed **application form**
2. **Official transcripts** from all colleges and universities attended.
3. Premedical advisory committee **letter of recommendation**, or, at least two letters of recommendation from premedical science faculty members.
4. Official Medical College Admission Test (MCAT) scores.
5. A short CV continuing the years from birth till today.
6. All applicants are requested to submit a personal statement in addition to the application form.
In this statement discuss briefly you reasons for applying to this program, your career goals and any other factors that you feel are relevant to your application. You are asked to also discuss any travel, courses or other experiences you have had that are relevant to study in Israel.
7. Student Health Declaration form (attached)
8. Attestation of Accuracy form (attached)
9. \$50.00 non refundable **application fee** payable to: Technion - Faculty of Medicine.

Please send the completed application form and necessary documents to:

Faculty of Medicine - Technion American Medical Program
Office of admissions
12 Efron st,
P.O. Box 9649,
Bat Galim
Haifa, 31096
Israel.

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- * I have read the above required documentation needed to complete my application and will submit it all.
- * I am aware that failure to submit the required documentation will result in an incomplete application and will be thus rejected by the Technion.
- * I do hereby understand that the Technion American Medical Students Program is intended for foreign students (not currently permanent residents of Israel) who intend to return to the USA/Canada and to practice medicine there.
- * I hereby declare that my application form submitted to the Technion-Israel Institute of Technology and to the Ruth and Bruce Faculty of Medicine, American Medical Program (TeAMS), has been filled in by me, and that I bear full responsibility for the truthfulness and accuracy of all the details noted therein.
- * I am aware that the decision of the Technion authorities to review my application for admission to the TeAMS program is based on the information and details I conveyed in my application, and therefore, should any detail be found to be incorrect, then in addition to any other remedy the Technion shall have against me according to its regulations, and/or according to any law, I will lose all rights given to me based on those incorrect details.

Signature _____

Date _____

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Student Health Declaration

All fields marked with an asterisk (*) are required

I the undersigned:

*Full Name:

*Citizenship:

*Social Security Number or SIN Number - -

*Permanent Address _____

- *1. My health condition is normal and I do not have any illness
 I have the following illness. (Please specify) * _____

- *2. I am currently not receiving medical care
 I am currently receiving medical care. (Please specify) * _____

- *3. I have never received any mental health treatment
 I have received mental health treatment*
(Please specify) _____

- *4. I have never had drug or alcohol-related problems
 I have had drug or alcohol-related problems (current/past)* _____

- *5. I have never been hospitalized for medical reasons
 I have been hospitalized for medical reasons *
In (Hospital): _____
For the following reason(s): _____

- *6. I do not have learning disabilities
 I have learning disabilities that require me to receive special study conditions and considerations during the course of study and/ or during exams
I have the following learning disabilities*: _____

- *7. I do not have a criminal record
 I have a criminal record (Please specify) _____

I hereby declare and confirm the above information is accurate

*Day

*Month

*Year

*Signature

* Please provide copies of all diagnostic tests, medical reports and discharge summaries from hospitalization in this regard.

** I am aware that if found eligible to be accepted into the program I will be required to sign a "Permission to Access personal Medical Records" form.

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Attestation of Accuracy

All fields marked with an asterisk (*) are required

I the undersigned:

*Full Name: _____ *Social Security Number or SIN Number - -

I hereby agree that throughout the duration of my application process and studies at the Technion, the Technion will be allowed to contact me through electronic communication or any other mean of communications for advertisement and information purposes.

I hereby declare that I will fulfill all Technion rules and regulations as published and updated by the Technion, throughout the duration of my studies.

I hereby declare that if accepted to the Technion I will pay tuition as required and on time.

I hereby declare that my application form submitted to the Technion-Israel Institute of Technology and to the Ruth and Bruce Faculty of Medicine, American Medical Program (TeAMS), has been filled in by me, and that I bear full responsibility for the truthfulness and accuracy of all the details noted therein.

I am aware that the decision of the Technion authorities to review my application for admission to the TeAMS program is based on the information and details I conveyed in my application, and therefore, should any detail be found to be incorrect, then in addition to any other remedy the Technion shall have against me according to its regulations, and/or according to any law, I will lose all rights given to me based on those incorrect details.

I have read the required documentation needed to complete my application and will submit it in full.

I am aware that failure to submit the required documentation will result in an incomplete application and will be thus rejected by the Technion.

*Day *Month *Year *Signature

Please submit the complete application and additional documentation by May 30, 2012
