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**Please submit the complete application and additional documentation by June 30, 2018**

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**All fields marked with an asterisk (\*) are required**

**Personal and Contact information:**

Name \_\_\_\_\_  
                  \*Last           \*First           Middle

Passport Number \_\_\_\_\_

\*Gender: Female  Male

\*Social Security Number or SIN Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM//DD/YYYY)

\*Place of Birth \_\_\_\_\_

\*Citizenship: American  Canadian

Other (please specify) \_\_\_\_\_ Immigration Date \_\_\_\_\_ (MM/YYYY)

\*Country of Residence: United States  Canada

\*Permanent Address: \_\_\_\_\_

\*City \_\_\_\_\_ \*State/ Province \_\_\_\_\_ \*Zip Code/ Postal Code \_\_\_\_\_

\*Permanent Telephone (area code) (\_\_\_\_\_) \_\_\_\_\_

\*Cellular Phone (\_\_\_\_\_) \_\_\_\_\_

The input e-mail address will be used for registration confirmation and for all future correspondence.

\*E-mail \_\_\_\_\_

Comments (if necessary): \_\_\_\_\_

Please paste  
Photograph here  
  
(The application  
cannot be processed  
without a picture)

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**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): \_\_\_\_\_

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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.

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

\*(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 in PDF format)

\*Have you taken the MCAT yet? Yes  No

<b>*Date (MM/YYYY)</b>	<b>*Biological and Biochemical Section</b>	<b>*Chemical and Physical Section</b>	<b>*Psychological, Social, and Biological Section</b>	<b>*Critical Analysis Section</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*Are you planning on retaking the exam? Yes  No

\* Expected Exam Date: \_\_\_\_\_ (MM/YYYY)

Comments (if necessary): \_\_\_\_\_

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**Recommendation Letters**

\*Does your College or University have a Pre-Med Committee? Yes  No

If response to above is "yes", we expect Committee Letters.

\*If response to above is "no", please indicate names of premedical science faculty members who will be submitting letters for you:

(1) \* \_\_\_\_\_ (Name) (2) \* \_\_\_\_\_ (Name)

\* \_\_\_\_\_ (Institution)

\* \_\_\_\_\_ (Institution)

**Additional Studies**

\*Do you have any additional degrees/ certifications (including summer school)?

Yes  No

*Institution	*Degree	*Field of Study	*Start Date (MM/YYYY)	*End Date (MM/YYYY)	*Graduation Date (MM/YYYY)
_____	_____ or <input type="checkbox"/> N/A	_____	_____	_____ or <input type="checkbox"/> in progress	_____ or <input type="checkbox"/> N/A
_____	_____ or <input type="checkbox"/> N/A	_____	_____	_____ or <input type="checkbox"/> in progress	_____ or <input type="checkbox"/> N/A

**Other information**

Do you have any Extracurricular and summer activities, including employment:

N/A  Will be sent separately

College Academic Honors: \_\_\_\_\_

Comments (if necessary): \_\_\_\_\_

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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. Your curriculum vitae (CV)
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.

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**Please send the completed application form and necessary documents to:**

Faculty of Medicine - Technion American Medical Program

Office of admissions

Technion Faculty of Medicine

1 Efron St. Bat Galim, Haifa 3525433, Israel

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**All fields marked with an asterisk (\*) are required**

\*  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.

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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

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