



## APPLICATION FOR THE GUARANTEED ADMISSION PROGRAM

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_ Best Phone: \_\_\_\_\_

High School: \_\_\_\_\_ GPA: \_\_\_\_\_

SAT Math \_\_\_\_\_ Verbal \_\_\_\_\_ Writing \_\_\_\_\_

ACT Composite \_\_\_\_\_

Tell us about your volunteer or work experience (e.g. volunteering at a local hospital, etc.): \_\_\_\_\_

\_\_\_\_\_

**Please attach a personal statement explaining your reasons for pursuing a medical education.**

I have read the Mercer University School of Medicine Guaranteed Admission Program requirements and guidelines. I plan to follow the pre-medicine academic track as outlined by the University and complete my undergraduate course of study at Mercer University. I also understand that I must maintain certain academic standards upon my acceptance to and enrollment in the Guaranteed Admission Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Return your completed application (including letters of recommendation) in one packet to the Office of University Admissions: Medical School GAP at the address below by December 15<sup>th</sup> of your senior year in high school.*

**MERCER**  
UNIVERSITY

OFFICE OF UNIVERSITY ADMISSIONS

1400 Coleman Avenue • Macon, Georgia 31207 • (800) 840-8577 • admissions@mercer.edu • mercer.edu/admissions