UNIVERSITY of NORTH TEXAS
HEALTH SCIENCE CENTER

# Transfer Admissions Preliminary Request Form

*(Note: This is not an application for admission)*

***Directions:*** Please complete the following information and submit it along with a letter addressed to the Office of Admissions and Outreach indicating the reason(s) for wanting to transfer, official transcripts of your first-year medical school course work and a copy of your medical school curriculum. If you have not previously applied to the Texas College of Osteopathic Medicine for first-year admission, you must also send official transcripts from colleges or universities previously attended along with a score report from the Medical College Admission Test.

## Biographical Information

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Social Security Number: _____ Residency: Texas ☐ Other ☐ _____

## Medical School Admissions and Academic Record

Osteopathic Medical School Currently Attending: _____

Class Rank: _____ Total Number in Class: _____

Have you previously applied to UNTHSC-TCOM? Yes ☐ No ☐ Year(s): _____

Please send this form along with the supporting documents to the Office of Admissions and Outreach:

Office of Medical Student Admissions and Outreach
Texas College of Osteopathic Medicine
University of North Texas Health Science Center
3500 Camp Bowie Boulevard
Fort Worth, Texas 76107-2699