



## 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: A letter 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