

**APPLICATION FOR**

**INTRODUCTION TO CAREERS IN MEDICINE (BU-ICM)**

**Applicant Information**

First Name: Last Name:

Date of Birth (MM/DD/YY):

Street:

Town/City:

State: Zip Code:

Phone Number: Home: Cell:

E-mail:

High School of Attendance:

Grade in School:

**Parent/Guardian Information**

First Name: Last Name:

Street:

Town/City:

State: Zip Code:

Phone Number: Home: Cell:

E-mail:

Please complete and save this form and then send as attachment via email to makelley@bu.edu along with personal statement, high-school transcript, and one letter of recommendation.