|  |
| --- |
| 1. **MD Secondary Questions** |
| **FEINBERG CURRICULUM:** Describe which part (s) of Feinberg’s integrated curriculum you are most excited to engage in and best align with your learning style.  **(Limit your response to 200 words)** |
|  |
| **COPING STRATEGIES:** Describe specific steps you take to manage your stress and maintain wellness while balancing personal, educational, and professional responsibilities.  **(Limit your response to 200 words)** |
|  |
| **FUTURE CAREER PLANS:** Feinberg’s mission is to train future leaders in medicine who will serve their patients, communities and society. Describe one specific goal within medicine and how FSM, located in Chicago, will help you achieve this professional goal.  **(Limit your response to 200 words)** |
|  |
| **FEINBERG SCHOOL OF MEDICINE RELATIONSHIP**  Do you or an immediate family member have an existing relationship with Feinberg School of Medicine? **(Limit your response to 50 words)** |
| ☐ Yes  ☐ No |
|  |
| **PRE-MATRICULATION PLANS:** If accepted to NUPSP, how do you anticipate utilizing the additional time you will have due to not undergoing the traditional application process for medical school (no MCAT, no additional application submissions, no additional Interviews, etc.)?  **(Limit your response to 200 words)** |
|  |
| **PERSONAL NARRATIVE (part 1):** The Feinberg School of Medicine values the totality of our students’ experiences. As everyone has their own narrative, please provide more detail about how your unique experiences would enrich the Northwestern community. **(Limit your response to 200 words)** |
|  |

|  |
| --- |
| **PERSONAL NARRATIVE (part 2):** Along with the narrative above, please consider using the optional list below to tell us more about your life experiences and how these experiences will contribute to the Northwestern community. Please note that this optional question divides into 2 sections (optional):   1. Sexual Identities, B) Social Background |
| 1. **Sexual Identities (optional) – Please select any word(s) you use to describe your sexual orientation (select all that apply).**   Straight/Heterosexual  Bisexual  Gay  Lesbian  Queer  Something Else (Specify (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| 1. **Social Background (optional).**   Languages: ability to speak a language other than English and proficiency (Basic, Fair, Good, Advanced, Native/Functionally Native)  Specify (language and proficiency): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Economically disadvantaged (grew up in a low-income household, sought safety net services such as: TANF, food assistance, housing assistance)  First generation high school graduate  First generation college graduate  First in family to pursue a professional degree  Medically underserved background (ever enrolled in Medicaid, sought medical services at free clinics, delayed or went without medical care due to cultural, financial, or geographic barriers)  Grew up in a rural area (less than 5,000 people)  Grew up in a home where English was not the primary language  Worked to contribute to family/household expenses with wages before age 18  Deferred Action for Childhood Arrivals card holder  Refugee/Asylee  Experience with challenges relating to undocumented status (you personally or close relatives).  Experience with foster care or adoption  Raised primarily in a single-parent household  Experienced a high number of disruptions/transitions during your K-12 education due to family moves or other life circumstance  Experience with military service or military/government installation  Specify (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other (Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

|  |
| --- |
| 1. **Certification of Completed Requirements**   Please check the box for each item listed below to confirm that you have completed the requirement. |
| **TECHNICAL STANDARDS**  I verify that I have read and accept the [Technical Standards](https://www.feinberg.northwestern.edu/admissions/how-to-apply/requirements.html) established by Feinberg School of Medicine. I understand that Northwestern University, Feinberg School of Medicine requires compliance with these technical standards with or without reasonable accommodation.  **CURRICULUM DESCRIPTION**  I verify that I have read the description of the [Feinberg School of Medicine Curriculum](https://www.feinberg.northwestern.edu/md-education/curriculum/index.html). I am familiar with the curriculum content and teaching methods used at Northwestern University Feinberg School of Medicine.  **CODE OF CONDUCT**  I understand that the Northwestern University Feinberg School of Medicine reserves the right to take action at any time (including after my matriculation) should the information in the application be determined to be inaccurate, misleading, or incomplete, if I do not provide updates on my application as required herein (specifically, updates on policy violations at other educational institutions), or should the University receive information, which in its judgment, negatively impacts my character or ability to successfully complete the degree program. In the event such information is discovered, I will be given notice of the information at issue and an opportunity to respond. Possible outcomes include (but are not limited to) revocation of an offer of admission, dismissal from the Medical School, or revocation of an awarded degree. Decisions in such cases are final and not subject to appeal.  **CLERY ACT**  In accordance with the Clery Act, please review the [Clery Act Safety Reports](https://www.northwestern.edu/up/your-safety/clery-act-safety-reports.html) for Northwestern University Feinberg School of Medicine which includes information about campus crime statistics as well as institutional policies on safety and security matters.  I verify that I have reviewed the Annual Security & Fire Report for Northwestern University Feinberg School of Medicine.  **PREMATRICULATION REQUIREMENTS**  I agree to complete all pre-matriculation requirements.   * 1. I agree to provide a final transcript showing the undergraduate degree received.   2. I agree to comply with all enrollment requirements as outlined by the Office of MD Admissions.   3. I agree to comply with all Feinberg requirements for student health including immunizations (including COVID-19) and periodic health screening.   4. I agree to consent to a criminal background check in association with the Association of American Medical Colleges as required by state law*(Illinois Medical School Matriculants Criminal History Records Check Act).*   5. I understand that a drug screening is required before matriculation.   6. I verify that I have read and accepted the [Feinberg Media Policy](https://www.feinberg.northwestern.edu/md-education/current-students/policies-services/policies/media-policy.html). |
| **BACKGROUND CHECK QUESTIONS:**   1. Have you ever been convicted (or pled guilty or no contest) to a crime other than a minor traffic violation? (This includes felonies, misdemeanors, and local ordinances.)   YES  NO   1. Have you ever been found in violation of any policy at any educational organization, including a college or university?   YES  NO  If the answer to either question is YES, please explain fully the circumstances and indicate the nature of the offense and outcome of each instance in the space below.  Please note, if you are found in violation of any policy at any educational organization, including a college or university, after you submit this application you are obligated to notify the Office of MD Admissions (med-admissions@northwestern.edu) of the policy violation. The Feinberg School of Medicine will then evaluate the violation at issue and proceed as set forth under “Code of Conduct” above.  **(Limit your response to 200 words)** |
|  |