

# Application Instructions

*FGCU/USF*

## *BS/MD Medical Education Program*

**University of South Florida College Of Medicine  
Florida Gulf Coast University Department of Biological Sciences**

The following instructions are to assist you in the application process, and in completing all program requirements. Please follow these instructions carefully. If you have any questions, please email Dr. Jo Ann Wilson at [jwilson@fgcu.edu](mailto:jwilson@fgcu.edu).

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### How to Apply

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**Please submit all required materials by May 15 of the year seeking initial admission.**

- a) Please have your correct *Name* and *University Identification Number* appear on all documents, checks, applications, letters, etc.
- b) The application, fee, residency form, and photo must be received or postmarked by the published deadline, to be considered.
- c) Two recent professional photographs approximately two inches square (passport quality) with your name and university identification number printed on the reverse side.
- d) One personal letter of character recommendation. This letter should come from your family physician, employer, close friend, a neighbor, alumni, or a person who can attest to your interest in Medicine. Please do not submit letters from family members, relatives or faculty who have taught you in a course. This letter should be sent by the deadline directly from the author of the letter to:

Dr. J. A. Wilson  
FGCU/USF Medical Education Program  
Office of Pre-Medical Professions Advising  
#201 Whitaker Hall  
Florida Gulf Coast University  
10501 FGCU Blvd. South  
Fort Myers, Florida 33965-6565

- e) Florida Residency instructions are provided on the residency classification form.
- f) If you have completed any post-secondary courses prior to admission to Florida Gulf Coast University, provide transcripts from all institutions that you have attended.
- g) The Office of Pre-medical Professions Advising should be informed promptly of changes in your telephone number, mailing address, and any other contact information throughout the program.

You are reminded that all requirements of this program, as published, must be completed. The sole responsibility of fulfilling all requirements and documentation belongs to the applicant and not Florida Gulf Coast University and/or the University of South Florida, College of Medicine. Documents submitted as part of the application process become the property of the University of South Florida, College of Medicine. In compliance with *The Family Rights and Privacy Act of 1974*, the applicant agrees to respect the confidentiality of the evaluation and other file contents, and specifically waives any right of access.

Incomplete applications will be automatically disqualified. It is the responsibility of the applicant to maintain contact with the FGCU Office of Pre-Professional Programs to insure the receipt of all documents.

**PLEASE NOTE:** If the USF College of Medicine, Medical Student Selection Committee determines that there has been a deliberate falsification or misrepresentation of application data, the applicant (or student) will be immediately dismissed or disqualified from further admissions consideration.

For more information please contact:

Dr. J. A. Wilson  
FGCU/USF Medical Education Program  
Office of Pre-Medical Professions Advising  
#201 Whitaker Hall  
Florida Gulf Coast University  
10501 FGCU Blvd. South  
Fort Myers, Florida 33965-6565

[jwilson@fgcu.edu](mailto:jwilson@fgcu.edu)

(239) 590-7481

Please see the check-list below for required information.

Check list for application materials:

- The completed and signed Program Application Form
- One official final High School transcript
- One official transcript of any post-secondary education (college/university) from which you have received credit
- One official transcript from FGCU including your spring grades in the year of application
- Two recent photographs approximately two inches square (passport quality) with your name and university identification number printed on the reverse side.
- One personal letter of character recommendation. This letter should come from your family physician, employer, close friend, a neighbor, alumni, or a person who can attest to your interest in medicine. Please do not submit letters from family members, relatives or faculty who have taught you in a course. This letter should be sent directly from the author of the letter to the Department of Biological Sciences at FGCU at the address noted below. This letter must be received by the stated deadline of May 15.
- Completed Residency Classification Form.
- Application fee of \$30.00 in check or money order, payable to the University of South Florida.