



AMCAS APPLICATION COPY REQUEST FORM

A student may request a copy of his/hers AMCAS Application who are currently enrolled at UTHSC will be furnished without charge within approximately three working days after receipt of a written, signed request addressed to the Registrar.

I _____, AM REQUESTING A COPY
OF MY AMCAS APPLICATION.

I AM A ____ M1, ____ M2, ____ M3, ____ M4 CURRENTLY ENROLLED IN THE
(please check one of the above)

COLLEGE OF MEDICINE AND MY SOCIAL SECURITY NO. IS _____-_____-_____.

SIGNATURE

DATE