

Flexible MD Draft Application

This is a sample of the application designed to allow applicants to gather their information prior to submitting your final application. All official completed applications must be submitted using the online application form (link can be found below).

Information on the Flexible MD Program and requirements can be found on the [Flexible MD website](#).

If interested in pursuing a Flexible MD, here are your next steps:

- Complete this draft application and meet with your Faculty Advisor to review it and discuss your plans and goals.
- Meet with your Academic Advisor – please visit the links below to schedule a meeting. At this meeting, your advisor will review your draft application, offer feedback, and review scheduling options.
Addy Irvine - z.umn.edu/AddyAppointment
Betsy Hendrick - z.umn.edu/BetsysAppointments
Phil Hohl - z.umn.edu/PhilAppointment
- Update your application – make adjustments to your draft application based on feedback from your Academic Advisor.
- Submit your [Final Application](#) by the deadline.
- Meet with Financial Aid – the Medical School Financial Aid Office will reach out to you via email to schedule a 1:1 meeting.

Your Information

Last Name

Click or tap here to enter text.

First Name

Click or tap here to enter text.

UMN Email

Click or tap here to enter text.

Student ID

Click or tap here to enter text.

Current MS Year

Choose an item.

Current Anticipated Grad Year

What is your anticipated graduation year prior to an approved Flex MD application?

Choose an item.

Current Campus

Choose an item.

Your Experience

Experience Type

Choose an item.

Is this a paid experience?

Choose an item.

Experience Description

Provide a brief description of project and how it will support your progress toward your MD and future career path. Please try to keep response to 300 words or less.

Click or tap here to enter text.

Meaningful Enhancement

Explain how this experience will provide a *meaningful enhancement to your MD degree*. How will it make you a better physician and/or add value to your future career ambitions?

Click or tap here to enter text.

Learning Objectives

Please list THREE (3) specific learning objectives and how you will be assessed on completion of these learning objectives. "By the end of this experience, I will have learned how to....."

Click or tap here to enter text.

Experience Location

University, department, city, country, company, etc. (e.g., University of Chicago Department of Surgery; Vail Institute, Vail CO)

Click or tap here to enter text.

Your Research Mentor (only need to complete this section if you are completing Research)

Mentors must have direct knowledge of the research you plan to participate in.

Mentors must be prepared and qualified to guide you, as needed, during the entire length of the research experience and help you achieve your stated goals.

Research Mentor Name

Click or tap here to enter text.

Research Mentor Title, Institution, and Department

If at a separate institution from the UMN, please indicate school or institution name, along with department.

Click or tap here to enter text.

Research Mentor Email Address

Click or tap here to enter text.

Research Mentor Statement and Approval

Students participating in a RESEARCH experience are REQUIRED to attach a letter from their research preceptor or mentor acknowledging that they approve of you participating in this research experience and that they have reviewed your goals and are prepared to guide you and help you achieve those goals. (Note: It is not a requirement that you reach these goals, just that you strive for them and your mentor/preceptor has ability to help you to do this.)

You will need to upload a letter to your final application.