Tulane Accelerated Physician Training Program (TAP-TP) Application

Name:____________________________________________  Date:______

Briefly describe your reason for applying to the TAP-TP program. (250 words max):

___________________________________________________________________________________________
What was the single most meaningful volunteer experience you have had? (150 words max)
Describe a time when you had to interact with people who have a different viewpoints, backgrounds, or cultures than you own. (150 words max)
Please list your hobbies and non-academic interests. (150 words max)
In order to accomplish its mission, Tulane University School of Medicine has established a curriculum of core courses, which must be taken by all students, elective courses and selective courses that must be taken but are selected by the student. The faculty and administration of the school have developed essential functions with which all students must be able to accomplish without assistance. A list of those functions is attached.

☐ I can comply with those functions

Signature:__________________________________________