



DMRT Student Fact Sheet
University of Maryland School of Medicine

Student Name _____

Phone Number _____

E-mail Address _____

Resume Attached Portfolio Submitted

EDUCATION

Current University of Maryland GPA: _____

Transfer College: _____ GPA: _____ Credits Completed: _____

Transfer College: _____ GPA: _____ Credits Completed: _____

Academic honors or awards: _____

Participation in Extracurricular Programs/Projects/Committees/Activities: _____

WORK EXPERIENCE

Employer: _____

Job Title: _____

Date Started and Ended: _____

Hours per week: _____

Responsibilities: _____

Employer: _____

Job Title: _____

Date Started and Ended: _____

Hours per week: _____

Responsibilities: _____

EXTRACURRICULAR ACTIVITIES

Professional Membership, Committee or Activity: _____

Date Started and Ended: _____

Describe your participation: _____

Professional Membership, Committee or Activity: _____

Date Started and Ended: _____

Describe your participation: _____

Community and/or Volunteer Experience: _____

Date Started and Ended: _____

Describe your participation: _____

Community and/or Volunteer Experience: _____

Date Started and Ended: _____

Describe your participation: _____

Other Noteworthy Achievements or Skills: _____
