

# University of Pittsburgh School of Medicine – Guaranteed Admissions Program Application

## Helpful tips for completing your GAP application.

**Page 1:** There are five sections to complete.

Navigate the five sections horizontally across the top of the page.

Complete the section and select “Save” before moving to the next section. The bold title will designate which section is currently displaying.

### Please Note:

After “Save” is selected, the system defaults back to “Medical” Experiences. The next section must be selected to advance in the application.

The “Save and Continue” function will advance the user to Page 2 regardless if Page 1 is completed.

- All experiences must have a numeric start and end date in the MM/DD/YYYY format. Future numeric end dates are acceptable. An end date of “PRESENT” or “CURRENT” will prohibit the page from being successfully saved.
- Contact Name / Title field is limited to 100 characters.
- Remove all formatting if copying from a Word document to remove special characters or special formatting.

GAP Supplemental Application

Applicant Experience

Please designate just ONE experience in each category as being the most meaningful experience.

Medical Community Research Awards Leadership

Experience Name: Community Experience 1

Dates: mm/dd/yyyy mm/dd/yyyy

Hours/Week: Total Hours:

Contact Name / Title:

Experience Description:

Most Meaningful Experience:

Most Meaningful Experience Explanation:

### Applicant Experience

Please designate just ONE experience in each category as being the most meaningful experience.

- Medical**
- Community
- Research
- Awards
- Leadership

Experience Name:	Medical Experience 1	Dates:	
		mm/dd/yyyy	mm/dd/yyyy
		Hours/Week:	Total Hours:
Contact Name / Title:			
Experience Description:			
Most Meaningful Experience:	<input type="checkbox"/>		
Most Meaningful Experience Explanation:			

### Applicant Experience

Please designate just ONE experience in each category as being the most meaningful experience.

- Medical
- Community**
- Research
- Awards
- Leadership

Experience Name:	Community Experience 1	Dates:	
		mm/dd/yyyy	mm/dd/yyyy
		Hours/Week:	Total Hours:
Contact Name / Title:			
Experience Description:			
Most Meaningful Experience:	<input type="checkbox"/>		
Most Meaningful Experience Explanation:			

### Applicant Experience

Please designate just ONE experience in each category as being the most meaningful experience.

- [Medical](#)
- [Community](#)
- [Research](#)**
- [Awards](#)
- [Leadership](#)

Experience Name:	Research Experience 1	Dates:	
		mm/dd/yyyy	mm/dd/yyyy
		Hours/Week:	Total Hours:
Contact Name / Title:			
Experience Description:			
Most Meaningful Experience:	<input type="checkbox"/>		
Most Meaningful Experience Explanation:			

### Applicant Experience

Please designate just ONE experience in each category as being the most meaningful experience.

- [Medical](#)
- [Community](#)
- [Research](#)
- [Awards](#)**
- [Leadership](#)

Award Name:	Award 1
Award Description:	Award description
Award Name:	
Award Description:	

## Applicant Experience

Please designate just ONE experience in each category as being the most meaningful experience.

[Medical](#)

[Community](#)

[Research](#)

[Awards](#)

[Leadership](#)

Experience Name:	Leadership Experience 1	Dates:	
		mm/dd/yyyy	
		mm/dd/yyyy	
		Hours/Week:	Total Hours:
Contact Name / Title:			
Experience Description:			
Most Meaningful Experience:	<input type="checkbox"/>		
Most Meaningful Experience Explanation:			