## 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 <u>numeric</u> 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.							
	Page 1 Page 2	Medical	<u>Community</u>	Research	Awards	<u>Leadership</u>			
	Declaration				Dates:				
	Submit Application				mm/dd/yyyy				
		Experience Name:		Community Experience 1	mm/dd/yyyy				
					Hours/Week:	Total Hours:			
		Contact Name / Title:							
		Experience Description	n:						
		Most Meaningful Expe	rience:						
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GAP Supplemental		Applicant Experience							
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-	Page 2	Medical	Community	Research	Awards	Leadership			
	Recommendations								
	Declaration								
	Submit Application				Dates:				
		Experience Name:		Medical Experience 1	mm/da/yyyy				
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					Hours/Week:	Total Hours:			
		Contact Name / Ti	tle:						
		Experience Description:					4		
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GAP Supplemental Application		Applicant Experience							
	Page 1 Page 2	Medical Community	gory as being the most meaningt	Awards	<u>Leadership</u>				
	Recommendations		- 	Dates:					
	Submit Application			mm/dd/yyyy					
		Experience Name:	Community Experience 1	mm/dd/yyyy Hours/Week:	Total Hours:				
		Contact Name / Title:							
		Experience Description:							
		Most Meaningful Experience:				4			
		Most Meaningful Experience Explanation:							

GAP Supplemental Application		Applicant Experience Please designate just ONE experience in each category as being the most meaningful experience.							
	Recommendations								
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Page 2	Medical	Community Research Awards Leadership
Recommendations		
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Submit Application	Award Name:	Award 1
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GAP Supplemental Application		Applicant Experience						
	Page 1 Page 2 Recommendations Declaration	Please designate just ONE	<u>Community</u>	gory as being the most meaning Research	<u>Awards</u>	Leadership		
					Dates:			
	Submit Application	Experience Name:		Leadership Experience 1	mm/dd/yyyy mm/dd/yyyy			
		Contact Name / Title:			Hours/week:	I otal Hours:		
		Experience Descriptio	n:					
		Most Meaningful Experience:						
		Most Meaningful Expe	rience Explanation:				4	