**Your Name:**

**Instructions**:

1. If the schools you plan to apply to participate in AMCAS or AACOMAS, the centralized application services, please provide the AMCAS & AACOMAS addresses where your credential file should be sent.
2. If you are applying to schools that are not participating in either of the above services, enter the full mailing addresses of the medical schools to which you plan to apply. Also enter the application deadline for the school. (Both mailing addresses and application deadlines can be found in the AMCAS reference book, AACOMAS website, or on the school’s website.)
3. After completing your list, email a copy to ebrauer01@hamline.edu.

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| Address 2 |       |       | [ ]  All |
| Address 3 |       |  | [ ]  1 [ ]  2 |
| City |       |  | [ ]  3 [ ]  4 |
| State |        | ZIP |       |  | [ ]  5 [ ]  6 |
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