



**TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO**

**UNIVERSITY OF TORONTO
MD/PhD PROGRAM APPLICATION 2024-25**

Name _____

Current Address _____

Cell: _____

Permanent Address _____

E-Mail Address _____

Three letters of recommendation must be on letterhead. They must be emailed directly to mdphd.program@utoronto.ca from an official email (university, hospital, etc):

Name	Department/Position	Institution
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Enclose or email to mdphd.program@utoronto.ca:

- Copies of all undergraduate and graduate course transcripts (photocopies accepted)
- A current academic CV following the MD application guidelines (please see website)
- One original personal essay that is 250 words or less, responding to the following question:

Reflecting on your personal and research experiences to date, how does your experience relate to your decision to pursue a physician scientist pathway, and the kind of ideas that you wish to pursue in your PhD?

Signature _____ Date _____

Applications and letters of reference must be received at the Program Office by October 4, 2024

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