



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

UNIVERSITY OF TORONTO

MD/PhD PROGRAM APPLICATION 2025-26

Name _____

Current Address _____

Cell: _____

Permanent Address _____

E-Mail Address _____

Two 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. _____		

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 1, 2025

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office at 416 946-5385, Room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1