

# Summer **M**edical and **D**ental **E**ducation **P**rogram

## Transcript Matching Form

### Summer 2009

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Print or type your name as listed on your SMDEP Application:

Last	First	Middle	Suffix
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Former name or name as listed on a College Transcript:

Last	First	Middle	Suffix
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Name of Institution From:	First Date of attendance Month/Year	Last Date of attendance Month/Year	Located outside of the U.S. or Canada
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	/	/	Y or N
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	/	/	Y or N
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	/	/	Y or N
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	/	/	Y or N
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	/	/	Y or N
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	/	/	Y or N
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SMDEP I.D. Number	- - - - - Social Security Number	<table style="margin: auto;"> <tr> <td style="text-align: center;">Mo</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Yr</td> </tr> <tr> <td colspan="3" style="text-align: center;">Birthday</td> </tr> </table>	Mo	Day	Yr	Birthday		
Mo	Day	Yr						
Birthday								

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*Please have the Registrar attach this form to your official transcripts and mail to:*

**Summer Medical and Dental Education Program**  
**Diversity Policy and Programs**  
**Association of American Medical Colleges**  
**2450 N Street, NW**  
**Washington, DC 20037-1127**  
**ATTN: Transcripts**

Should you have questions, contact the SMDEP National Program Office toll-free at 1(866) 58-SMDEP or email: [smdep@aamc.org](mailto:smdep@aamc.org).