



2450 N STREET, NW WASHINGTON, DC 20037
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HTTP://WWW.AAMC.ORG

APPLICATION FOR STUDENT LIAISON ON AAMC COMMITTEE

Please type your information on this form and submit to Denine Hales

Name: _____ School: _____ Graduation Date _____

Address (if the school name is part of your mailing address please include it):

Phone: _____ Email Address: _____

Committee/Area of Interest: _____

Education:

<u>Institution</u>	<u>Degree</u>	<u>Date</u>
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Research or Extracurricular Activities:

Other Qualifications:

Name of Dean providing the letter of support: _____

**Return no later than November 12, 2004 to:
Denine Hales, Fax: 202/862-6060; dhales@aamc.org**

If you have questions, please call Denine at 202/828-0681 or <dhales@aamc.org>