

Applying to Med School Part 2

AMCAS EY2025

April 2024

2025 AMCAS Application Dates

Date	Event
April	2025 AMCAS resources available
May 1	AMCAS application opens
May 28	AMCAS application submission begins
June 28	Initial transmission of application data to medical schools
August 1	Early Decision Program deadline
Sept.-Dec.	Application deadlines

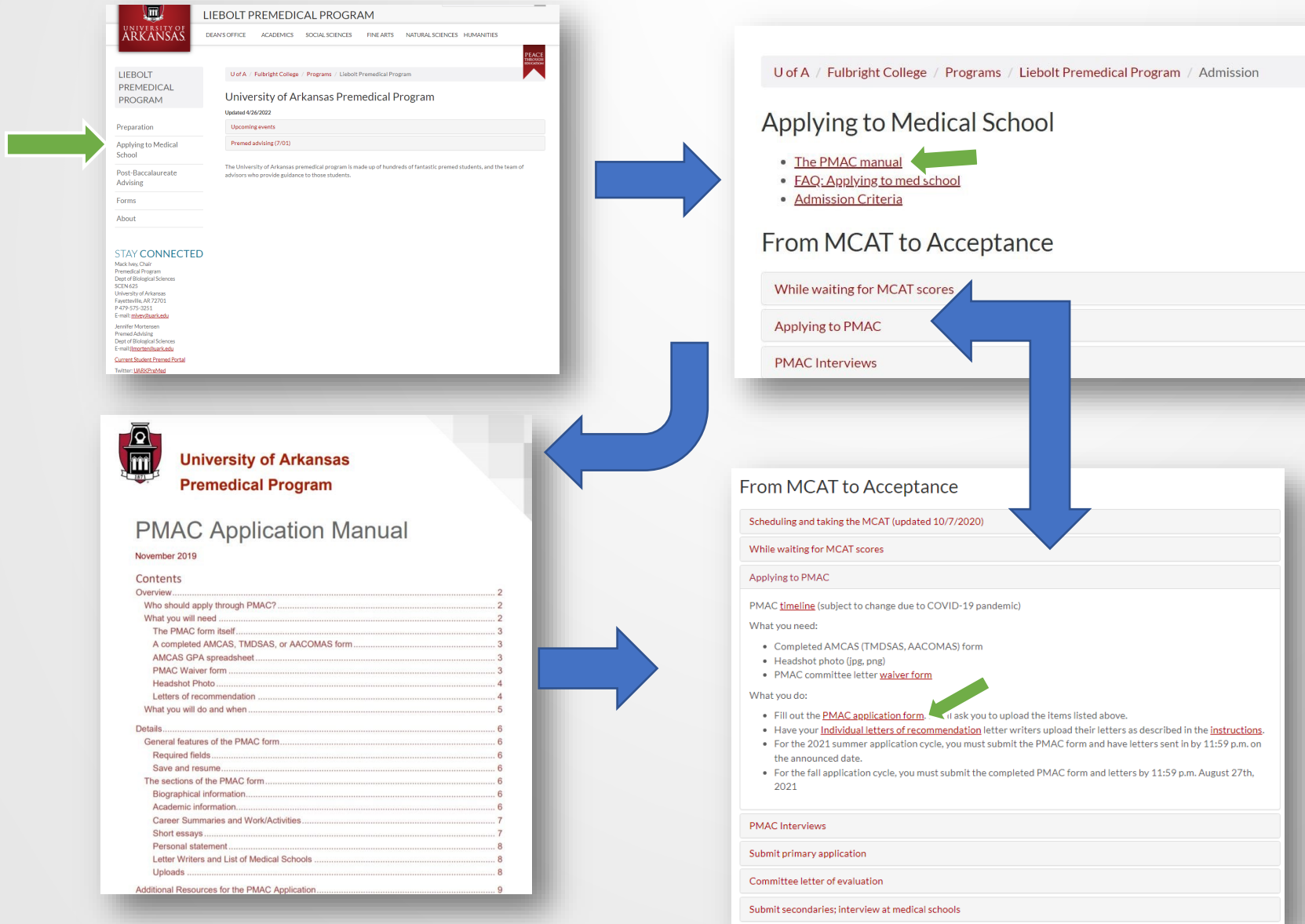
Application Deadlines

- Application must be submitted by 11:59 p.m. ET of the deadline date
- Transcript deadlines must be received by AMCAS within 14 calendar days of the application deadline date
- Must be received by August 1 for early decision applicants
- Visit www.aamc.org/amcasdeadlines

2025 Application Dates – AMCAS, TMDAS, PMAC

Date	AMCAS	PMAC
April	2025 AMCAS resources available	MCAT Time
May 1	AMCAS and TMDAS application opens	MCAT Time
May 28	AMCAS application submission begins (TMDAS May 15)	PMAC Cycle 1: deadline June 3rd PMAC interviews in June
June 28	Initial transmission of application data to medical schools – AMCAS TMDAS: transmission once processed	Cycle 1: committee letters uploaded Cycle 2: deadline – July 8, interviews July-Aug
August 1	Early Decision Program deadline	Cycle 2: committee letters uploaded PMAC fall cycle deadline – Aug 26th
Sept.-Dec.	Application deadlines Texas interviews July-, most start in Aug UAMS interviews: Oct - Jan	PMAC fall cycle interviews, committee letters uploaded UAMS application deadline Nov 1

The PMAC Application



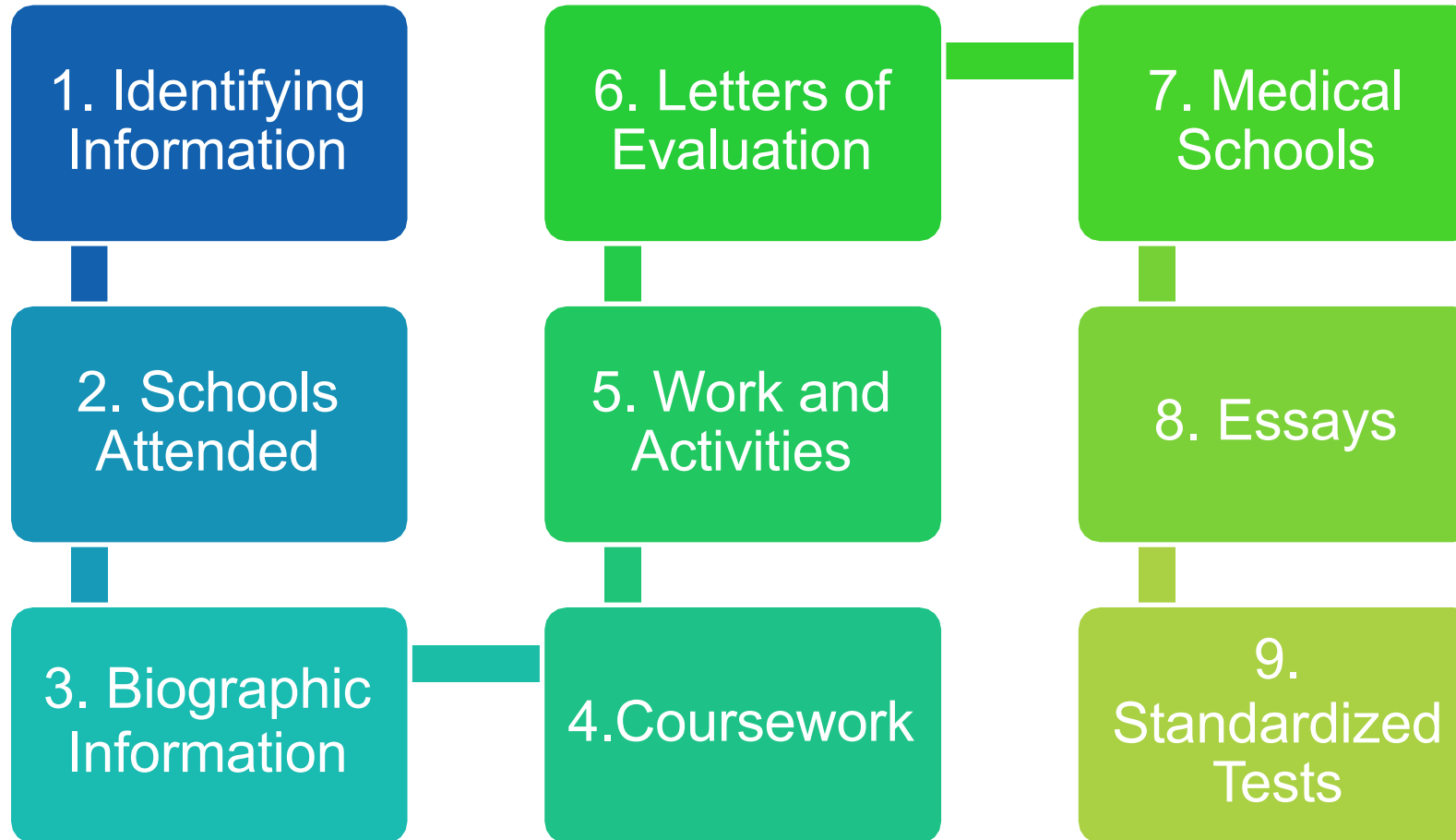
2025 AMCAS Program Participation

Tentative 2025 Participation	
Application	157 Schools/Programs All MD granting schools in the United States with the exception of MD programs at Texas public schools
AMCAS Letters	155 Schools/Programs
Criminal Background Checks	131 Schools/Programs

2025 AMCAS Application Fees:

- \$175 processing fee (includes one school designation)
- \$46 for each additional school

The AMCAS Application



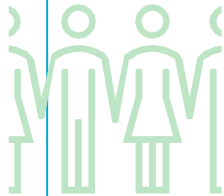
2025 AMCAS Application Changes



A new section dedicated to specifying Tribal affiliation.



An updated list indicating which schools participate in the PREview[®] professional readiness exam; schools not participating will not receive PREview scores.



Additions to the race and ethnicity categories and subcategories for “Self-Identification.”



Mandatory sections will now be marked with a red asterisk (not just mandatory fields).

2024 AMCAS Application Changes



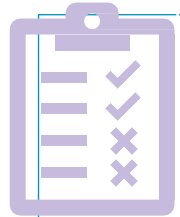
New Experience Type

“Social Justice/Advocacy” in the AMCAS Web App Work/Activities section



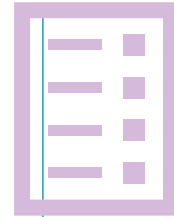
Biographic Information

“Other Impactful Experiences” is replacing the self-reported “Disadvantaged Status” question, including new help text



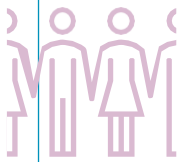
Institutional Actions

“Conduct” and/or “Academic” filters as a dropdown within the existing Institutional Action question



Preview™ Exam

An optional field to indicate an upcoming Preview™ exam and the date of the exam



Pronoun & Gender Identity

Update to the “Other” labels for Pronoun and Gender Identity



Help Texts

Update to Essay prompts and Certification statement

AMCAS Application Main Menu

Visit AAMC.org ? Judy Smith JS

AAMC American Medical College Application Service® 2022 Application

Back to Dashboard My AAMC Profile My Application ▾

WITHDRAW APPLICATION SUBMIT APPLICATION

Judy Smith

AAMC ID	21237971
Sex	Female
Date of Birth	03/23/2000
Country of Birth	USA
Email	jsmith@amcas.com
Birth State	NY
Birth City	New York

Application Not Submitted to AMCAS

Identifying Information	✓ Completed
Schools Attended	✓ Completed
Biographic Information	⚠ Incomplete
Course Work	⚠ Incomplete
Work/Activities	⚠ Incomplete
Letters of Evaluation	⚠ Incomplete
Medical Schools	⚠ Incomplete
Essays	⚠ Incomplete
Standardized Tests	⚠ Incomplete

PRINT TRANSCRIPT REQUEST FORMS

PRINT LETTER REQUEST FORMS

PRINT APPLICATION

Some information is centrally managed by AAMC and cannot be edited on this page. To edit your legal name, preferred name, birth, and sex, go to My AAMC Profile

EDIT MY PROFILE

VIEW APPLICATION STATUS HISTORY

Schools Attended

Add College

Country *
Select Country

Program Type *
Select Program Type

Start Date * End Date *
MM/YYYY MM/YYYY

Other Options

Summer School Only

Study Abroad Program

Advisor Release

1 The school-designated advisor(s) have met AMCAS-established requirements and are bound by confidentiality. Information transferred includes your personal/demographic information, work/activity information, credit hours, MCAT scores, GPAs, the names and types of your recommenders, the names of any other schools you have attended, the medical schools to which you have applied and what action those schools have taken, and the status of your application with AMCAS. Additionally, if you applied for fee assistance through the AAMC Fee Assistance Program, and in your fee assistance application agreed to release award information to your health professions advisor this information will be made available along with your application information.

Do you authorize AMCAS to release your application information to the school-designated advisor(s) at this institution? *

Yes

No

Transcript Request

Note: One official transcript is required from each U.S., U.S. Territorial, or Canadian post-secondary institution at which you have attempted course work, regardless of whether credit was earned.

CANCEL SAVE

Schools Attended

Institutional Action

You must answer "Yes" even if the action does not appear on or has been deleted or expunged from your official transcripts due to institutional policy or personal petition. [Please review these important instructions to help answer this question.](#)

Were you ever the recipient of any institutional action by any college or medical school for unacceptable academic performance or conduct violation, even though such action may not have interrupted your enrollment or required you to withdraw?

Yes

No

Please choose the appropriate Institutional Action Category from the dropdown below.

Academic

Conduct


Both

Please briefly explain each instance along with the date(s) of occurrence:

1325 characters

Other Impactful Experiences

Biographic Information

-  Preferred Address*
- Permanent Address*
- Alternate Contact
- Citizenship*
- Legal Residence*
- Self Identification
- Languages*
- Childhood Information*
- Military Service*
- Military Discharge*
- Felony*
- Misdemeanor*
- Other Impactful Experiences***
- Parents and Guardians*
- Siblings*

Other Impactful Experiences

To provide some additional context around each individual's application, admissions committees are interested in learning more about the challenges applicants may have overcome in life. The following question is designed to give you the opportunity to provide additional information about yourself that is not easily captured in the rest of the application.

Please consider whether this question applies to you. Medical schools do not expect all applicants to answer "yes" to this question. This question is intended for applicants who have overcome major challenges or obstacles. Some applicants may not have experiences that are relevant to this question. Other applicants may not feel comfortable sharing personal information in their application.

Have you overcome challenges or obstacles in your life that you would like to describe in more detail? This could include lived experiences related to your family background, financial background, community setting, educational experiences, and/or other life circumstances.*

How should I know if I should answer "Yes" to this question?

- Yes
- No

Other Impactful Experiences Description ✕

The following examples can help you decide whether you should respond "yes" to the question, and if so, what kinds of experiences you could share. Please keep in mind that this is not a fully inclusive list and any experiences you choose to write about should be ones that directly impacted your life opportunities.

Example Experiences

- **Family background:** serving as a caretaker of a family member (e.g., siblings, parent/guardian), first generation to college.
- **Community setting:** rural area, food scarcity, high poverty or crime rate, lack of access to regular healthcare (e.g., primarily used urgent care clinics or emergency room, no primary care physician).
- **Financial background:** low-income family, worked to support family growing up, work-study to pay for college, federal or state financial support.
- **Educational experience:** limited educational opportunities, limited access to advisors or counselors who were knowledgeable/supportive of higher education requirements.
- **Other general life circumstances** that were beyond your control and impacted your life and/or presented barriers.

Writing Instructions

- **Select the most impactful experiences.** Describe the challenge(s) or hardship(s) you consider most impactful in your life.
- **Write about how experiences impacted your life.** Write about any topics you deem important to discuss, including information that might be mentioned elsewhere in your application (e.g., your personal statement). You can use the space provided in this question to further elaborate on those topics, if desired.
- **Use a narrative style format.** Describe your impactful experience(s) in a narrative format to help admissions committees understand your story, but be mindful of the 1,325 character limit.

OK

Coursework



Applicants should use an official transcript to complete this section.

Add Course ✕

Please be sure to enter all course(s) in the correct academic year, academic term, and year in school to avoid delays in application processing time.

Reminder: The AMCAS year begins with summer and ends with spring. Courses taken in the summer should be entered with the next academic year, even if your institution considers them in the previous academic year. For example, if you took a course in the first summer session of 2016, you should enter it as the 2016–2017 academic year, even if your school considers it in the 2015–2016 academic year.

Academic Year *

Academic Term *

Year in School *

Course Number Course Name *

Please enter any letters or numbers. Example BIO 101

Work/Activities

Artistic Endeavors

Community Service/Volunteer – Medical/Clinical

Community Service/Volunteer – Not Medical/Clinical

Conferences Attended

Extracurricular Activities

Hobbies

Honors/Awards/Recognition

Intercollegiate Athletics

Leadership – Not Listed Elsewhere

Military Service

Other

Paid Employment – Medical/Clinical

Paid Employment – Not Medical/Clinical

Physician Shadowing/Clinical Observation

Presentations/Posters

Publications

Research/Lab

Social Justice/Advocacy

Teaching/Tutoring/Teaching Assistant

Add Work/Activities

Experience Type *

Select Experience Type

Indicate the total number of hours that you experience or activity during the date range. Enter the total number of hours for each date range.

Start Date * End Date *

Select Month Select Month

Select Years Select Years

Repeated *

Yes

No

Organization Name

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ice as one of your most meaningful. In
ance: the impact you made while
result of your participation.

1325 characters left of 1325

SAVE & ADD ANOTHER SAVE

Letters of Evaluation

Add Letter of Evaluation/Recommendation ×

i Many medical schools determine whether or not an applicant has met their letter of evaluation/recommendation requirements by the type of letters they receive in support of an application. For example, a medical school may require a committee letter OR three individual letters in support of your application. Please review the AMCAS Applicant Guide for more information about Letters of Evaluation.

Please identify the type of letter you wish to enter. If you are uncertain as to the type of letters provided by your school/institution, please ask your pre-health advisor or career center prior to answering this question.

Committee Letter:
A committee is a letter authored by a pre-health committee or pre-health advisor and intended to represent your institution's evaluation of you. A committee letter may or may not include additional letters written in support of your application. A Committee Letter is sometimes called a composite letter.

Letter Packet:
A packet or set of letters assembled and distributed by your institution, often by the institution's career center.

Individual Letter:
An individual letter refers only to a letter authored by, and representing, a single letter writer. **If you have already included an individual letter within either a committee letter or letter packet, you do not need to add a separate entry for the individual letter.**

i Select a meaningful Letter Title, as you may need this title later to identify a letter. For example, if this letter were from the University Of X, with a primary contact of John Doe, and you intend to have this letter sent only to MD/PhD programs, you might create a title of "UX_Doe_MD_PhD".

Letter Title



Applicants can submit their application before their letters are received.

Medical Schools

Add Medical School ✕

Filters

State Deadline Program Type

Schools

School * ✕ [VIEW THIS SCHOOL'S MSAR PROFILE](#)

Program

1 You may need **prior permission** from the medical school to select any of the following program types:

- Deferred/Delayed Matriculant
- Early Assurance
- Combined Bachelors/Medical Degree
- Other Special Program

Program *

Regular M.D.

Early Decision("Applicants applying through the Early Decision program are NOT permitted to apply to other schools while under consideration for Early Decision. Interviews begin in early July. Admissions decisions will begin on July 8, 2021.") (Restricted)

Combined Medical Degree/Ph.D

Have you applied to this medical school in previous years? *

Yes

No

Letters of Evaluation/Recommendation

You have not yet entered any letters of evaluation/recommendation. Remember, you do not have to complete the Letters of

[CANCEL](#) [SAVE](#)

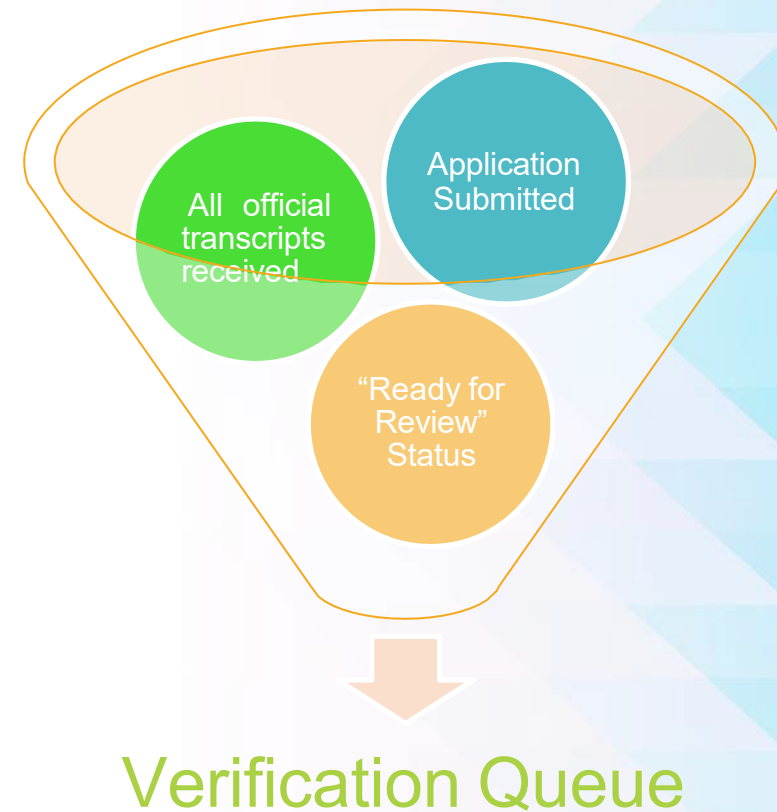
AMCAS Application Verification Process

Transcripts

- All required official transcripts must be received before an application can join the verification queue

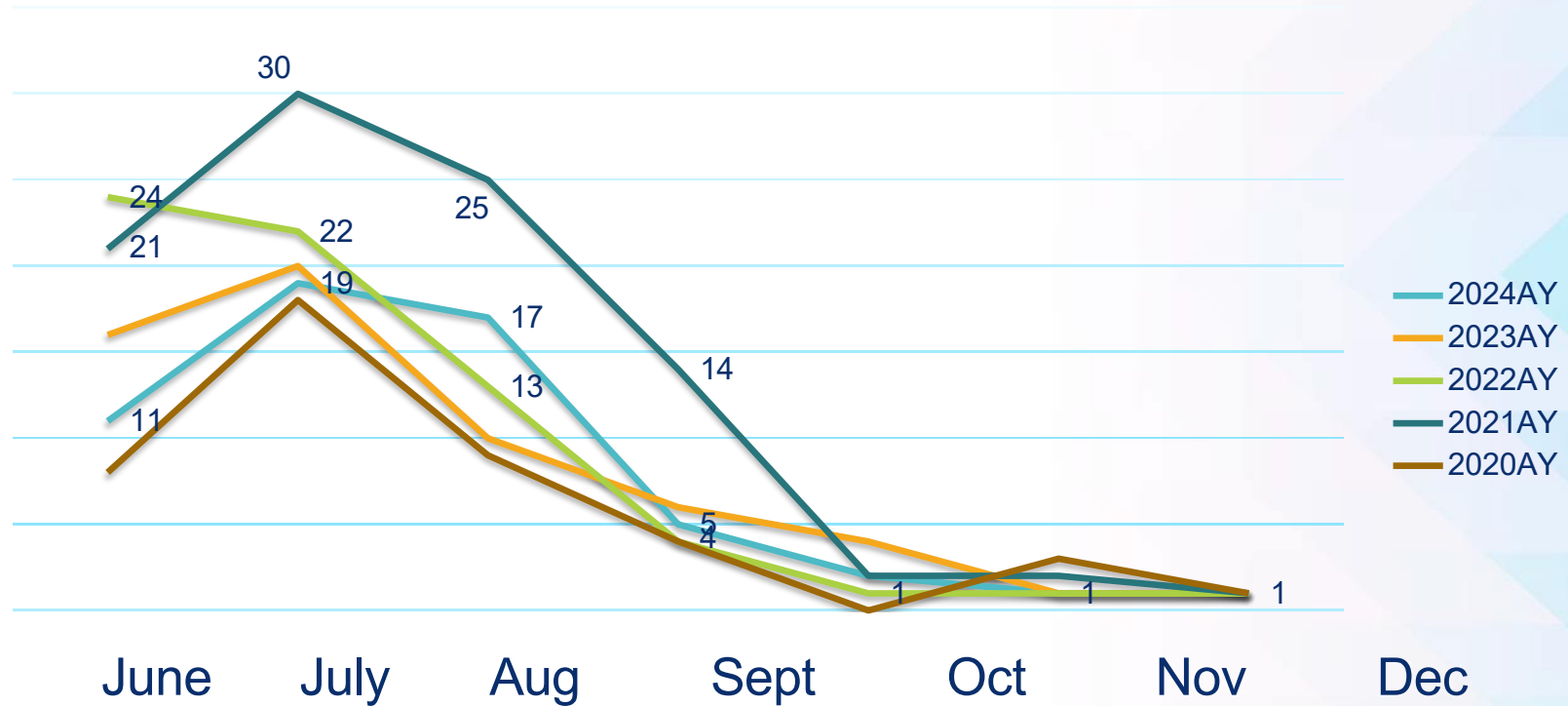
Processing

- From date of **“Ready to Review”** application status, about 6 weeks
- Find processing on the AMCAS application sign in page



AMCAS Application Verification

Average number of business days to complete verification



Letters of Evaluation

Letters of Evaluation Received, 2020AY – 2024AY

