

**Summer Medical and Dental Education Program  
Transcript Matching Form  
Summer 2008**

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

\_\_\_\_\_

LastFirstMiddleSuffix

Former name or name as listed on a College Transcript:

\_\_\_\_\_

LastFirstMiddleSuffix

Name of Institution First Date of attendance/Last Date of attendance Located outside of  
From: Month/Year To: Month/Year the U.S. or Canada

\_\_\_\_\_ / / \_\_\_\_\_ Y or N

\_\_\_\_\_ / / \_\_\_\_\_ Y or N

\_\_\_\_\_ / / \_\_\_\_\_ Y or N

\_\_\_\_\_ / / \_\_\_\_\_ Y or N

\_\_\_\_\_ / / \_\_\_\_\_ Y or N

\_\_\_\_\_ / / \_\_\_\_\_ Y or N

\_\_\_\_\_ - - - - - / / \_\_\_\_\_  
 SMDEP I.D. Number Social Security Number Mo Day Yr

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

**Summer Medical and Dental Education Program  
Division of 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 office at our toll-free number at 1(866) 58-SMDEP or email: [smdep@aamc.org](mailto:smdep@aamc.org).



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