



Office of Admissions Process for the Evaluation of Applicants

Preliminary Screening

All applicants who complete a primary application to the University of Michigan Medical School through the American Medical College Application Service (AMCAS) will receive a secondary application unless their MCAT Percentile Rank falls below the 25th percentile. Those applicants may still receive a secondary application, but only after an initial holistic screening.

Beginning with the 2018-19 application cycle, the University of Michigan Medical School requires MD and MSTP applicants to take the [CASPer Test](#) (Computer-Based Assessment for Sampling Personal Characteristics), also known as a situational judgment test. This is required to receive an interview offer.

Selection for an Interview

Each applicant's file will be reviewed individually and holistically to assess the applicant's suitability for a career in medicine. Materials reviewed will include the application, all secondary materials and any additional information requested by the Office of Admissions.

The Office of Admissions will verify completed premedical core competencies for each applicant. In the Michigan Interview Confirmation (MIC), applicants will be asked to explain how they have fulfilled the core competencies (if not by traditional premedical school coursework).

The Office of Admissions holistically screens files for the following: Academic Excellence; Clinical Experience; Service to Others; Teamwork/Leadership; Research; and Life Experience/Resilience.

Based on these criteria, a select group of applicants will be considered for the possibility of an interview and will receive an additional review by the Assistant Dean or Director of Admissions.

The Interview Process

Invited applicants will participate in two traditional one-on-one (Long-Form) interviews and six standardized mini (Short-Form) interviews with members of the Admissions Committee. Interviewers will complete a standardized evaluation form for each interviewee that provides a clear definition of qualities to be evaluated. Interviewees will be provided an opportunity to anonymously evaluate the interview process and provide feedback to the Office of Admissions about the quality of the interview experience.

In the rare circumstance that an applicant cannot attend a regularly scheduled interview day, the interview process will include three traditional one-on-one (Long-Form) interviews by members of the Admissions Committee.

The Admission Decision

The Admissions Executive Committee (AEC) will review the complete files of each of the interviewed applicants (including the assessment by the interviewers) and provide a desirability score. This score is based on a holistic assessment of the potential of the interviewee as a member of a class and as a future physician, as well as their ability to fulfill the aims and goals of our Medical School.

Each applicant will be assessed against the entire pool of applicants, as well as on their individual [essential attributes](#) and their unique potential to use their characteristics to contribute to the educational experience and broad diversity of the Medical School and the profession of medicine. Attributes considered essential to the practice of medicine are required of all students admitted to the University of Michigan Medical School.

How the Office of Admissions Builds a Class

Each year, there are many more applicants who possess all of the essential attributes to become a competent and effective physician than there are available seats in the class. Many of these applicants will also possess unique characteristics that could contribute both to the educational experience of their fellow classmates and eventually to the field of medicine. Our admissions process, following the holistic evaluation of each individual applicant, seeks to build a richly diverse class both to enhance the educational experience of the class itself and to provide for future patient care of the highest quality.

The factors we consider when building a class include:

- a. Future potential to serve underserved populations of patients: The areas of “chronically underserved” may be either geographic (e.g., rural, inner city) or involve specific populations of patients (e.g., financially disadvantaged, underrepresented populations, uninsured). Applicants who provide evidence, stated through their application materials, that they are inclined to serve in one of these areas may be ranked as highly desirable for admission to the Medical School. Assessment includes, but is not limited to, past experiences and demonstrated interest in practicing in an underserved area or with underserved populations.
- b. Underserved medical specialties: This assessment may include particular underserved specialties such as primary care, but will also include neglected medical areas such as bioethics, the understanding and teaching of cultural competency, medical education, etc. These underserved medical specialties will change from time to time and will be continuously monitored.
- c. Leadership: The physician is the leader of the health care team and must be able to effectively direct the diagnosis and treatment course of patients. Previous team leadership experience (e.g., advancement in the military, captain of an athletic team, selection for a leadership position in an organized environment) or leadership training experiences will be considered in assessing leadership.
- d. Life experiences: Each physician must care for patients with a wide variety of racial, ethnic, cultural and socioeconomic backgrounds. Experiences with other ethnicities and cultures are deemed valuable and might include study abroad, involvement with multicultural organizations or other unique life experiences.
- e. Scientific or social research experience: Advancement of medical knowledge benefits large populations of patients. Applicants with research skills have the potential to provide such benefits. While involvement in research is not an absolute requirement, it is considered a very desirable quality.
- f. Additional degrees: Applicants who present with another graduate degree (e.g., JD, MPH, PhD, etc.) bring a unique set of skills that will be valuable both to class members and to the future cohort of physicians.
- g. Educational background: Although the practice of medicine is heavily grounded in the sciences, the art of medicine requires an understanding of and appreciation for psychosocial issues such as economics, history and philosophy among others. Applicants who have undertaken studies in these areas will be favorably assessed for their potential to contribute to the educational experience of the class.
- h. Socioeconomic status: In order to train future physicians with the potential to serve our communities in need, it is important to seek applicants from a variety of socioeconomic backgrounds.

Possible Outcomes

The final decision regarding which applicants will be offered admission resides with the AEC. Every effort will be made to select a class of individuals who, in the aggregate, are capable of contributing positively to the educational environment for their classmates and addressing the varied needs of future patients. No quotas will be set up for any particular quality or characteristic sought in the candidates or for the Medical School incoming class, and all decisions will be based on an individualized, holistic review of the applicant.

In the month following their interview, interviewees will be notified of their status and provided an explanation of that status. This may be Offered Admission, Deferred Decision, Waitlist or File Closed. Admitted students are not required to pay a deposit. They are asked to adhere to [UMMS Admission Protocols](#). Deferred Decision candidates are asked to wait until all interviews are completed before receiving their decision of admitted or waitlist. By mid-March, all those waitlisted are placed into Low, Middle and Upper Tier Waitlists. We do not rank candidates within the tiers.