



The Office of the Registrar
910 Madison Avenue, Suite 520
Memphis, TN 38163
Tel: 901-448-5568 – Fax: 901-448-1017

AMCAS APPLICATION REQUEST

To request a copy of your AMCAS application, please complete this form and submit to the Office of the Registrar.

Name: _____
Last First Middle/Maiden

DOB: _____ Student ID #: 885

Email Address: _____ Contact Number: _____

Presently Attending UTHSC: Yes No If No, Last Term Attended: _____

Method To Receive Request:

- Mail to address below

Address: _____

- Pick up

Having knowledge of the penalties of perjury, I certify that I am the above named person requesting a copy of my AMCAS application.

Type Name Here

Date