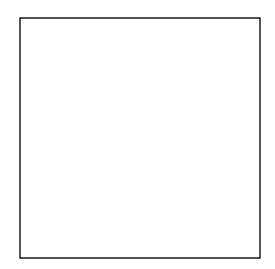
## MOREHOUSE SCHOOL OF MEDICINE

## **PICTURE FORM**



Please insert a professional quality photograph, no larger than 2  $\frac{1}{2}$  X 2  $\frac{1}{2}$  in the space provided and complete the identification information below.

APPLICANT NAME

Submit this form as soon as possible. Remember only files with all required documentation on file are screened for possible interview. Please email to mdadmissions@msm.edu or mail to address below.

Morehouse School of Medicine Committee on Admissions Office of Admissions and Student Affairs 720 Westview Drive Atlanta, Georgia 30310