

APPLICATION TO THE MD PROGRAM AT MERCER UNIVERSITY SCHOOL OF MEDICINE
DECLARATION BY THE APPLICANT OF DOMICILE IN THE STATE OF GEORGIA

Instructions to Applicants to the M.D. program: This is a fillable PDF form. Please answer the following questions within the space provided, save responses, print a copy, sign the declaration before a notary public (**do not use electronic signatures**), and attach a photocopy of a state issued photo identification document with this. **The notary public's seal is required. Do not exceed one page.** *US citizens:* Please skip Item 7 below. *US Permanent Residents:* **Please attach a photocopy of your Green Card.** The declaration must be dated July 1 2017 or later. If a field is not applicable, you may enter NA. Please use standard two letter abbreviations to refer to states in the US.

1. Legal Name of the Applicant	
2. Other Names used (if any)	
3. AAMC (AMCAS) ID	
4. Date of Birth (mm/dd/yyyy)	
5. Place of Birth (City, State, Country)	
6. Are you a US Citizen? (Yes / No)	
7. If you are not a US Citizen, are you a US Permanent Resident? (Yes / No)	
8. Permanent Address	
9. County of Permanent Residence	
10. State of Legal Residence	
11. Enter the Year (yyyy) you first lived in Georgia	
12. Since which year (yyyy) have you continuously maintained GA Residency Status?	
13. Name of High School attended, City, County, State	
14. Do you have a valid (unexpired) Driver's License? Yes / No.	
15. (Reference to Item 14 above). State which issued this Driver's License	
16. Do you own an automobile? Yes / No	
17. (Reference to Item 16 above) State in which this automobile is currently registered	
18. State in which you are currently registered to vote	
19. Inclusive dates (mm/yyyy) of last full-time employment, and State	
20. The year you last filed a GA Income Tax Return	

21*. Please briefly explain any break in GA Residency Status. *Example:* changed residency to AL while attending college (2010-2014).

22*. If you wish to include any other reason you claim GA to be your state of Legal Residence, please briefly mention it here. (1 sentence max).

**If you wish to elaborate on your responses to Items 21 & 22 above, please do so in response to an appropriate question in the Secondary Application.*

I, (enter your Legal Name) _____ have furnished the information above in reference to my application for admission to the MD program at Mercer University School of Medicine for the 2017-18 application cycle (2018 AMCAS Application Year) and hereby affirm that I have established and maintain domicile in the state of Georgia prior to Aug 15, 2017, and that I intend to permanently continue and maintain domicile in the state of Georgia. If an offer of acceptance is made, I understand that Mercer University School of Medicine will ask me to [submit appropriate documentation to support this declaration of domicile in the state of Georgia](#), and that submission of appropriate documentation is a contingency for eventual acceptance. By signing below, I express understanding that any falsification of information, if established, is sufficient grounds for Mercer University School of Medicine to reject this application, rescind an offer of acceptance, or dismiss me after matriculation.

Signature of Applicant _____ **Date (mm/dd/yyyy)** _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Signature
 Notary Name
 My Commission expires (mm/yyyy)

Affix Notary's Seal Here