

**Georgetown University School of Medicine**  
**2016-2017 GEMS Program Letter of Understanding**

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3900 Reservoir Rd NW, Medical Annex 113  
Washington, DC 20007

**GEMS Matriculant:** \_\_\_\_\_ **(Please Print Full Name)**

Dear Dean Taylor:

I have read your letter of May 30, 2016 inviting me to participate in the Georgetown University Experimental Medical Studies (GEMS) Program. I accept your offer, understanding the following:

1. I will register on Monday, July 11, 2016 as a GEMS student in the Georgetown University School of Medicine. **Initial:** \_\_\_\_\_
2. As a "GEMS Student" in the School of Medicine, I will take all modules, courses and electives required of GEMS students, and I will take advantage of and be fully participatory in any support activities planned for me as a GEMS student and as a student in the School of Medicine. I will meet all deadlines for financial aid and the medical school admissions process if I choose to apply to Georgetown School of Medicine. **Initial:** \_\_\_\_\_
3. If I wish to be considered for admission to the first year class of Georgetown's School of Medicine, I will submit through AMCAS an application for admission by November 1, 2016. I understand that I must be independently admitted to the Georgetown University School of Medicine, and that my admission to the GEMS Program does not entitle me to consideration of an interview or admission to Georgetown School of Medicine. **Initial:** \_\_\_\_\_
4. If accepted to Georgetown School of Medicine as a full-time medical student, I will be obligated to pay the full tuition. **Initial:** \_\_\_\_\_
5. My performance in the GEMS Program will be periodically reviewed by the GEMS Academic Advisory Committee. The Medical School Committee on Admissions will be made aware of my status in the GEMS Program; my performance in all required courses, electives and support activities; and, my professionalism through compliance with the Georgetown School of Medicine Student Code of Conduct, Student Handbook, and interactions with all GEMS Program Administrators, Faculty, Staff, and GEMS Physician Graduates who serve as Mentors. **Initial:** \_\_\_\_\_

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6. My continuation in the GEMS Program is contingent upon my compliance with the expectations of professionalism outlined in requirement #5 of this Letter of Understanding, and acceptable academic performance as determined by the academic standards of the GEMS Program and the GEMS Academic Advisory Committee. ***Violation of professionalism or unacceptable academic performance will result in immediate dismissal from the GEMS Program.*** Initial: \_\_\_\_\_
7. Matriculation in the GEMS Program is contingent upon payment of program costs. If I anticipate a need for help with program or living expenses, I will contact the Office of Financial Planning as soon as possible and no later than June 6, 2016. Initial: \_\_\_\_\_
8. If admitted to the School of Medicine, my ability to matriculate in the first year medical class is contingent upon my ability to meet the costs of a medical education at Georgetown University. I understand that my personal and family resources, current credit history and my record with respect to any prior educational indebtedness are factors to be considered in any financial aid assessment. Initial: \_\_\_\_\_
9. I understand the GEMS Program is experimental. Policies and procedures are determined by the Committee on Medical Education, and may be modified in order to assure the success of the GEMS Program and a high level of performance for participating students. Initial: \_\_\_\_\_

Understanding all of the above, I \_\_\_\_\_ (please print full name)  
accept your offer to register as a GEMS student in the Georgetown University School of Medicine and thereby participate in the Georgetown Experimental Medical Studies Program. I understand that my enrollment in GEMS is contingent upon the successful completion of any degree program or course in which I was enrolled, and hereby confirm that I have successfully completed any such program or course.

Sincerely,

Signature \_\_\_\_\_

Date \_\_\_\_\_