Request for Special Consideration in the MD Undergraduate Program

Admissions Process

Admission to the UBC MD Undergraduate Program is competitive, and requires successful completion of Faculty of Medicine requirements. Applicants with disabilities may seek special considerations for admission requirements or the admissions process. In exceptional circumstances applicants with disabilities may be eligible for special consideration in the calculation of their grades. However, even in these circumstances applicants must meet the competitive average.

Applicants seeking special consideration should contact the UBC Centre for Accessibility. See below for more information.

MD Admissions Requirements:
Please review the MD Admissions website for more information related to Admission requirements and the application process. Please note the MD program is very competitive and meeting the minimum requirements does not guarantee admission. For more information about the competitiveness of the program, please review the MD Admissions statistics.

Special Consideration Application Process:

Applicants need to submit the following documents to the Centre for Accessibility (info.accessibility@ubc.ca):
• Request for MD Admission: Special Consideration Form (see page 2)
• Documentation of disability (guidelines on the Centre for Accessibility website)
• A letter outlining the rationale for requesting special consideration

Note: Documents should be submitted in one package no later than September 15th.

The Centre for Accessibility will review documents and will submit a recommendation to the Faculty of Medicine, MD Undergraduate Admissions. After the Centre for Accessibility has submitted its recommendation, all further communication about an applicant’s admissions status will be through the MD Undergraduate Admissions Office.

For further questions about the special consideration process, please contact the Centre for Accessibility.
Request for Special Consideration for Disability-Related Reasons for the MD Undergraduate Program

To be completed by student.

Preferred First Name: ___________________________ Last Name: ___________________________

Phone Number: ___________________________ Email Address: ___________________________

Address: ___________________________ City: ___________________________

Postal Code: ___________________________

Signature: __________________________________ Date: ___________________________

CHECKLIST – Student to check off all items included.

☐ Documentation of Disability (according to the Centre for Accessibility guidelines)

☐ Letter by Applicant Outlining Rationale for Special Consideration

Disclosure Agreement *

I provide staff of Centre for Accessibility with consent for the release of relevant information from my Centre for Accessibility file, to the extent necessary to evaluate this request. Subject to the laws of the province governing access to information (Freedom of Information and Protection of Privacy Act), Centre for Accessibility will not release any identifying information about applicants to any parties other than those involved in the UGME admissions process.

Privacy notification: Personal information you provide on this form is collected pursuant to section 26(c) of the Freedom of Information and Protection of Privacy Act (“FIPPA”). The information is used for the purpose of processing your request.