

HOD Action: Council on Medical Education Report 2 adopted and the remainder of the report filed.

**REPORT 2 OF THE COUNCIL ON MEDICAL EDUCATION (A-25)
International Applicants to U.S. Medical Schools (Resolution 301-A-24)**

EXECUTIVE SUMMARY

Resolution 301 was introduced at the 2024 Annual Meeting of the American Medical Association (AMA) House of Delegates. The resolution asked that the AMA encourage additional medical schools to consider applications from and to admit international students to their programs alongside domestic students; amend policy [H-255.968](#) “Advance Tuition Payment Requirements for International Students Enrolled in U.S. Medical Schools” by addition and deletion; and advocate for increased scholarship and funding opportunities for international students accepted to or currently attending United States medical schools.

To understand the issues better, this report will provide background information and data related to international student application and visa processes, student payment and financial aid, and funding for medical schools. Furthermore, this report will discuss impediments for international students as well as resources available to them and explore the building of a representative workforce.

In sum, the topic of international students applying and entering U.S. medical schools is complex. While many governmental policies include much broader issues and concerns than the admission of international students into medical school (e.g., visa processes, financial aid, funding, administrative changes, voter/public interest), some barriers can be addressed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 2-A-25

Subject: International Applicants to U.S. Medical Schools

Presented by: Krystal Tomei, MD, MPH, Chair

Referred to: Reference Committee C

INTRODUCTION

[Resolution 301](#) entitled “Fairness for International Medical Students” was referred at the 2024 Annual Meeting of the American Medical Association (AMA) House of Delegates (HOD) and asked that our AMA:

- Encourage additional medical schools to consider applications from and to admit international students to their programs alongside domestic students (New HOD Policy); and be it further
- Amend policy [H-255.968](#) “Advance Tuition Payment Requirements for International Students Enrolled in U.S. Medical Schools” by addition and deletion to read as follows:
Advance Tuition Payment Requirements for International Students Enrolled in U.S. Medical Schools H-255.968
Our AMA:
 - supports the autonomy of medical schools to determine optimal tuition requirements for international students;
 - encourages medical schools and undergraduate institutions to fully inform international students interested in medical education in the U.S. of the limited options available to them for tuition assistance;
 - supports the Association of American Medical Colleges (AAMC) in its efforts to increase transparency in the medical school application process for international students by including school policy on tuition requirements in the Medical School Admission Requirements (MSAR); and
 - supports efforts to re-evaluate and minimize the use of pre-payment requirements specific to international medical students; and
 - encourages medical schools to explore alternative means of prepayment, such as a letter of credit, for four years for covering the costs of medical school. (Modify Current HOD Policy); and be it further
- Advocate for increased scholarship and funding opportunities for international students accepted to or currently attending United States medical schools.

The reference committee received mixed testimony on this item. Concerns were raised regarding the Student and Exchange Visitor Program (SEVP), federal regulations regarding international students, limited funding opportunities for international students, the criteria of the F visa program to enter the U.S, the Form I-20 “Certificate of Eligibility for Nonimmigrant Student Status,” Title IV federal financial aid funding, and the relationships between medical schools and their parent institutions. Also, testimony recommended that the American Association of Colleges of

Osteopathic Medicine (AACOM) be included along with AAMC. Given the complexities raised, the Reference Committee recommended that this item be referred. The HOD also moved to refer. This report was written in response to that directive.

BACKGROUND

To better understand policy proposed in this resolution, several of the foundational topics raised by the author are described.

International student application and visa processes

Applicants to U.S. medical schools

For the purpose of this report, “international” medical school applicants are commonly understood to be individuals who are neither U.S. citizens nor hold permanent resident status in the U.S.¹ According to the AAMC, some U.S. MD-granting medical schools do accept a small number of international applicants. In 2019, 48 schools (out of 155) indicated that they accept applications from international applicants per the AAMC [Medical School Admission Requirements™ \(MSAR™\) guide](#).^{2,3} The 2019 cycle for MD-granting programs in the U.S saw 53,371 total applicants⁴ with 21,969 (41%) matriculated into medical school; 325 out of 1,890 foreign applicants who applied to such programs were accepted.² Among the 325 students accepted, 272 matriculated into medical school, including those who applied via the [American Medical College Application Service® \(AMCAS®\)](#) and [Texas Medical & Dental Schools Application Services \(TMDSAS\)](#).² Related policies vary across schools and can be researched on an allopathic school’s website or within the MSAR’s section on “Application Deadlines and Requirements.” Additional data can be found on the AAMC website. Similar data from AACOM and osteopathic medical schools were not available.

The National Center for Education Statistics offers the [College Navigator](#) search engine to identify educational institutions. The first step to studying in the U.S. is to apply to a school approved by the U.S. Immigration and Customs Enforcement (ICE) [Student and Exchange Visitor Program \(SEVP\)](#). This program ensures the government has necessary data related to nonimmigrant students and exchange visitors, provides approval and oversight to authorized schools, and issues guidance to both students and schools regarding the requirements for maintaining their status. If a student is accepted, they are registered in the SEVP platform called [Student and Exchange Visitor Information System \(SEVIS\)](#).⁵ For a school to be accepted into SEVP, it must complete the online “Petition for Approval of School for Attendance by Nonimmigrant Student,” ([Form I-17](#)) in SEVIS and pay all required fees.⁶

Most U.S. medical schools use AMCAS to facilitate and streamline the student application process. Since AMCAS does not accept foreign transcripts or verify foreign coursework (unless the coursework was accepted by an accredited U.S., U.S. Territorial, or Canadian postsecondary institution), individual medical schools may ask an applicant for their transcript with the understanding that some courses may not be accepted.² For DO-granting medical schools, the AACOM oversees the [American Association of Colleges of Osteopathic Medicine Application Service \(AACOMAS\)](#).¹ Likewise, admission policies for international students vary across DO schools. Once admission to a SEVP-approved school is secured, an international student can apply for their student visa.

Although not legally U.S. citizens or permanent residents, the admission process and barriers for Deferred Action for Childhood Arrivals (DACA) applicants were determined not to be the intent of the referral and beyond the purview of this report.

Applicant race/ethnicity data

AAMC provides data on the number of applicants to U.S. MD-granting medical schools, to include a breakdown by race/ethnicity and state of legal residence (if known). Such data provides insight into the diversity, or lack thereof, of the incoming students and includes non-citizen and non-permanent residents. AAMC data for the academic year 2024-2025 totals 51,946 applicants and includes 1,852 non-U.S. citizen and non-permanent residents.⁷ More detailed R/E data on U.S. citizens is available. 2024 AACOM data totals 22,107 applicants and includes 470 non-U.S. citizens and non-permanent residents.⁸ Likewise, more detailed R/E data on U.S. citizens is also available. While much is known about the countries of origin of international medical graduates (IMGs),⁹ race/ethnicity data on international student applicants is not as readily available. AAMC indicated that recent international applicants were from 112 countries; among them, matriculants were from 67 countries.¹⁰ Similar data from AACOM or ECFMG were not available.

Visa entry to U.S.

The Immigration and Nationality Act allows the admission of different classes of foreign national nonimmigrants who seek temporary admission to the U.S.¹¹ The Department of State's Bureau of Consular Affairs oversees the student visa process. Non-citizen students must have a student visa to travel to the U.S. to study. The course of study and the type of school determines which type of visa is needed. For the F visa, the student must be entering the U.S. to attend university or college, high school, private elementary school, seminary, conservatory, or another academic institution, including a language training program. For the M visa, the student must be entering the U.S. to attend a vocational or other recognized nonacademic institution, other than a language training program.⁵ J visas are non-immigrant visas for individuals approved to participate in exchange visitor programs in the U.S.¹²

The student must submit the Online Visa Application ([Form DS-160](#)), along with a photo and fee, and must schedule an interview at the U.S. Embassy or Consulate in the country where they live. Wait times for interviews at the consulate vary by location, time of year, and visa type and range from the same day to over a year (e.g., Kolkata, India). Additional documentation may be required at the interview including intent to depart the United States upon completion of the course of study and how the applicant will pay for all educational, living, and travel costs.⁵ A visa does not guarantee entry into the United States; rather, the Department of Homeland Security's U.S. Customs and Border Protection officials at the port-of-entry have authority to permit or deny entry. Students in the U.S. with F visas must depart within 60 days after the program end date listed on the Form I-20, including any authorized practical training.⁵ The same process described above can be used to apply to renew a visa. More detailed information is provided on the [student visa](#) website.

The visa system allowing international students to enter the U.S. is governed by federal immigration policy and law. For example, the current federal administration starting in 2025 has ordered the Departments of State, Justice, and Homeland Security to ensure visa applicants "do not bear hostile attitudes" toward U.S. "citizens, culture, government, institutions, or founding principles" and "are vetted and screened to the maximum degree possible."¹³ How this executive order will be implemented may impact the opportunities of international students to enter and stay in the U.S. for study.

Student payment and financial aid receipt

According to the AAMC, the majority of medical students pay for their education through student loans. Further, the mean education debt for indebted medical school graduates in 2023 was \$206,924, with 70 percent of all students having education debt.¹⁴ MD school-specific information is provided in the [AAMC Tuition and Student Fees workbooks](#), which contain tuition, fees, and health insurance costs reported by accredited medical education programs from academic year 1995 to present.¹⁵ For DO students, the average graduate indebtedness in 2023-2024 was \$259,196.¹⁶

While domestic students may have government financial assistance options, most international medical students need to secure private loans or institutional loans (if available from the enrolled medical school) and, if available for foreign study, financial aid from the student's country of citizenship. The application process for private loans varies from lender to lender. Some medical schools may require international applicants to show proof of financial means to pay for all four years of medical school or may require such applicants to have the full amount in an escrow account as some international medical schools require of U.S. applicants.²

The U.S. Department of Education (DOE) oversees federal student aid and determines eligibility for "non-citizens." This designation includes U.S. nationals (including natives of American Samoa or Swains Island), U.S. permanent residents, or individuals with an Arrival-Departure Record (I-94) from U.S. Citizenship and Immigration Services. The latter includes those designated as "Refugee," "Asylum Granted," "Cuban-Haitian Entrant (Status Pending)," "Conditional Entrant" (if issued before April 1, 1980), T-visa holders (victims of human trafficking; T-2, T-3, or T-4), or "Parolee." For the parolee designation, an individual must be paroled into the U.S. for at least one year and must be able to provide evidence from the United States Citizenship and Immigration Services of intention to become a U.S. citizen or permanent resident. If applicable, federal student aid such as Direct Unsubsidized Loans and Direct PLUS Loans may be available if eligibility requirements are met.¹⁷

According to Harvard Medical School, "Since federal financial aid programs require that the recipient be a citizen or permanent resident of the United States, the programs used to fund international or Deferred Action for Childhood Arrivals (DACA)-eligible MD student financial aid awards come from private and institutional sources. International and DACA-eligible MD students fill out the standard financial aid application materials and receive financial aid award determinations in a similar manner as U.S. citizens and permanent residents. International and DACA-eligible MD students who qualify for need-based institutional funding are first offered a standard loan package which consists of a combination of loans from institutional and/or private sources. A variety of private loan options are available to MD students regardless of financial need with options to borrow with or without a U.S. co-signer."¹⁸

The Council on Medical Education studied "Medical Student Debt and Career Choice" ([CME 4-N-21](#)) and "Financing Medical Education" ([CME 2-A-23](#)), both of which provide greater detail into cost, debt, and financial resources.

Funding medical schools

While considering how an international student will pay for school, it is also important to understand the mechanisms in which schools are funded and how they use their funding to aid students. A medical school is part of a larger academic institution that may be public or private. Funding may come from several sources, including but not limited to student tuition fees, federal

and/or state monies, philanthropy, clinical revenue, faculty practice plans, industry, grants, and private payers. There may be stipulations on each of these forms of funding and how it is to be spent. Such stipulations may or may not address international student fees. For example, governmental funding for medical schools is partially based on a desire to train more students in or from a certain jurisdiction. A state government may demand that state universities and their medical schools give priority to residents of their state when it comes to admission as well as tuition subsidies. This may also pertain to private universities in their state, especially when they receive government support. Thus, funding for international students will be secondary to supporting additional students from the state that is providing taxpayer funds to universities and their medical schools.

Governmental funding is also driven by law. The [Higher Education Act](#) (HEA) of 1965 regulates the relationship between the federal government, colleges and universities, and students. Title IV of the HEA authorizes a variety of programs and provisions to assist students in accessing financial aid in a postsecondary education. These programs are often the primary sources of federal aid to support such education.¹⁹ The regulated entity could be the university, including their medical school or the medical school as a stand-alone entity. “Under the HEA 90/10 rule, proprietary institutions of higher education (IHEs) must derive at least 10 percent of their total tuition and fees revenue from non-Title IV sources (or, conversely, no more than 90 percent of their tuition and fees revenue from Title IV funds) during a fiscal year.”²¹ Further, the DOE issued rule changes which took effect starting in 2023.²⁰ “The HEA and accompanying regulatory provisions specify how revenues are to be calculated. If an IHE fails to meet the rule’s requirement in a single year, its certification to participate in the Title IV aid programs becomes provisional for two institutional fiscal years. If an IHE fails to meet the rule’s requirements in two consecutive years, it loses its eligibility to participate in the Title IV programs for at least two institutional fiscal years. The rationale behind the 90/10 rule is twofold: (1) reducing fraud, waste, and abuse at proprietary IHEs and (2) if a proprietary IHE is of sufficient quality, it should be able to attract a specific percentage of revenues from non-Title IV sources.”²¹ The impact on school funding could also affect accreditation. This rule may explain why some medical schools require international students to pay up front or show proof of ability to pay, as default of payment can threaten a school’s Title IV funding, thereby impacting the availability of financial aid for all students attending their school. Of note, the current federal administration is considering changes to the DOE; the impact of such changes remains to be seen.²²

The Council on Medical Education has studied medical education, as mentioned above, as well as medical schools in its report “For-Profit Medical Schools or Colleges” ([CME 1-I-19](#)).

DISCUSSION

Each of these topics illuminate the complexity of this issue. They also raise further concerns related to heterogeneity, fairness, and involvement of international students as well as the challenges and resources available to them.

Building a representative workforce

According to the [AAMC](#), their 10-point strategic plan called “A Healthier Future for All” is focused on supporting the capacity building of pathway programs to expand the U.S. medical school applicant pool in order to diversify the physician workforce.²³ Likewise, [AACOM](#) addresses similar points in their strategic plan.²⁴

The Council on Medical Education has addressed issues of equity in some recent reports. For example, two reports of relevance are “Ensuring Equity in Interview Processes for Entry to Undergraduate and Graduate Medical Education” ([CME 3-I-23](#)) and “Promising Practices Among Pathway Programs to Increase Diversity in Medicine” ([CME 5-J-21](#)).

Focus on pathway programs, while important, centers on underrepresented U.S. students who face systemic barriers to medical school admission. Consideration can also be given to the potential contribution of international students in advancing related efforts in U.S. medical schools.

Impediments for international students

As described above, international students face significant challenges, including but not limited to the following:

- Medical school application forms, processes, interviews, and deadlines: Cost, language barriers, detailed forms, and deadlines may inhibit international students in their ability to successfully apply and be accepted to a U.S. medical school.
- Visa application forms, processes, interviews, and deadlines: the cost, detailed forms and documentation, deadlines, and immigration policies may prevent some international students from entry into the U.S. for study. Further, wait times for interviews at some consulates can be prolonged, resulting in a significant lag between admission and receipt of an F-visa.
- Pre-payment or proof of ability to pay: Financial capacity is challenging for most medical students, let alone international students who face non-citizenship required [fees](#) and may also have financial hardships. In addition, applicants for a student visa may be required by the consular officer to provide documentation of how they will pay for all educational, living, and travel costs. “This evidence of financial ability includes but is not limited to family bank statements, documentation from a sponsor, financial aid letters, scholarship letters, or letter from an employer showing annual salary.”²⁵ Data on how many medical schools also require this proof was not readily available.
- Limited financial aid options: Given their non-citizen status, international students often struggle with knowing where/how to identify possible resources, let alone how to apply for them. Countries often do not provide financial aid to their citizens studying in the U.S.
- Public interest: Voters often demand that their tax dollars should go primarily toward educating their own citizens who reside in their state and that state universities and their medical schools prioritize their own citizens in admissions and financial aid. This may apply as well to private medical schools receiving state support. With competition for medical school admission already high in the U.S., including for U.S. applicants identifying as historically minoritized, increasing admissions to international students may decrease government and public support for medical schools including funding for all medical students.
- Federal immigration policy: The President and current federal administration is prioritizing an “America First” agenda that purports security and safety concerns related to immigrants, migrants, and asylum seekers, which may adversely impact the entry of international persons for study in the U.S.²⁶ The AMA is monitoring changes in federal immigration law and regulations and its potential impact on the physician workforce.

Resources for international students

Despite the challenges, a number of resources are available to aid such students in their ability to study medicine in the U.S. This is in addition to the financial aid office at each medical school. These resources include, but are not limited to:

- AAMC offers information on “[Applying to Medical School as an International Applicant](#)” as well as the [Financial Information, Resources, Services, and Tools](#) (FIRST) program. FIRST provides free resources to students, including publications, videos, webinars, infographics, and charts to help students and residents make informed financial decisions related to their education.
- [Federal Student Aid](#) website provides detailed information on eligibility and options.
- [Sallie Mae](#) provides guidance on financial aid and how to control costs associated with medical school.
- [F-I Doctors](#) is a peer-led mentorship platform for international applicants to U.S. medical (and dental) schools and U.S. residency programs. The platform currently hosts over 140 mentors from over 30 countries, providing free guidance on applying to such U.S. schools and programs.²⁷

In the AMA, the [IMG Section](#) is a member group that convenes on and advocates for relevant issues affecting international medical graduates. The section also provides students with information on how to become certified by the Educational Commission for Foreign Medical Graduates (ECFMG)/Intealth and how to navigate practicing medicine in the U. S. as well as access to mentoring consults. The AMA Medical Education unit produced a 2022 issue brief on [Support for IMGs practicing in the U.S.](#) In the last five years, the Council on Medical Education published the following reports related to IMGs:

- [Challenges to Primary Source Verification of International Medical Graduates Resulting from International Conflict](#) (CME 8-A-23)
- [Financial Burdens and Exam Fees for International Medical Graduates](#) (CME 3-A-23)
- [Expediting Entry of Qualified IMG Physicians to U.S. Medical Practice](#) (CME 4-JUN-21)
- [Licensure for International Medical Graduates Practicing in U.S. Institutions with Restricted Medical Licenses](#) (CME 2-JUN-21)

Also, the AMA Medical Student Section is a member group that convenes on and advocates for relevant issues impacting medical students in the U.S. The AMA and AMA Foundation (AMAF) can consider additional ways they can support international applications and students within their own programs and initiatives, such as the [AMAF medical student scholarships](#).

RELEVANT AMA POLICIES

The AMA has many policies in support of medical students, medical education, and medical schools. Such policies are accessible in the [AMA Policy Finder](#). Regarding international medical students, related policies include:

- [Advance Tuition Payment Requirements for International Students Enrolled in U.S. Medical Schools H-255.968](#)
- [Clinical Skills Assessment During Medical School D-295.988](#)

SUMMARY

The topic of international students applying to and entering U.S. medical schools is complex. While many governmental policies discussed include much broader issues and concerns than the

1 admission of international students into medical school (e.g., visa processes, financial aid, funding,
2 administrative changes, voter/public interest), some of the barriers can be addressed with the above
3 resources.

4
5 RECOMMENDATIONS

6
7 The Council on Medical Education recommends the following be adopted, and the remainder of the
8 report be filed:

9
10 That our AMA:

- 11 1. Supports all U.S. medical schools in (a) considering international applicants; (b)
12 investigating additional financial aid opportunities, including scholarships, for international
13 medical school applicants; and (c) re-evaluating their pre-payment requirements specific to
14 international applicants.
- 15 2. Recognizes the federal government's current programs that allow for the entry of qualified
16 international medical students into the U.S. and encourages the maintenance and/or
17 improvement of such programs.
- 18 3. Supports relevant parties to include international medical students and applicants in data
19 collection, philanthropy, and financial assistance programs.

20
21 (New HOD Policy)

22
23 Fiscal note: \$1,000

APPENDIX: RELEVANT AMA POLICIES

[Advance Tuition Payment Requirements for International Students Enrolled in U.S. Medical Schools H-255.968](#)

1. Our American Medical Association supports the autonomy of medical schools to determine optimal tuition requirements for international students.
2. Our AMA encourages medical schools and undergraduate institutions to fully inform international students interested in medical education in the US of the limited options available to them for tuition assistance.
3. Our AMA supports the Association of American Medical Colleges (AAMC) in its efforts to increase transparency in the medical school application process for international students by including school policy on tuition requirements in the Medical School Admission Requirements (MSAR).
4. Our American Medical Association encourages medical schools to explore alternative means of prepayment, such as a letter of credit, for four years of medical school.

[Clinical Skills Assessment During Medical School D-295.988](#)

1. Our American Medical Association will encourage its representatives to the Liaison Committee on Medical Education (LCME) to ask the LCME to determine and disseminate to medical schools a description of what constitutes appropriate compliance with the accreditation standard that schools should "develop a system of assessment" to assure that students have acquired and can demonstrate core clinical skills.
2. Our AMA will work with the Federation of State Medical Boards, National Board of Medical Examiners, state medical societies, state medical boards, and other key stakeholders to pursue the transition from and replacement for the current United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) examination and the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) Level 2-Performance Examination (PE) with a requirement to pass a Liaison Committee on Medical Education-accredited or Commission on Osteopathic College Accreditation-accredited medical school-administered, clinical skills examination.
3. Our AMA will work to:
 - a. ensure rapid yet carefully considered changes to the current examination process to reduce costs, including travel expenses, as well as time away from educational pursuits, through immediate steps by the Federation of State Medical Boards and National Board of Medical Examiners.
 - b. encourage a significant and expeditious increase in the number of available testing sites.
 - c. allow international students and graduates to take the same examination at any available testing site.
 - d. engage in a transparent evaluation of basing this examination within our nation's medical schools, rather than administered by an external organization.
 - e. include active participation by faculty leaders and assessment experts from U.S. medical schools, as they work to develop new and improved methods of assessing medical student competence for advancement into residency.
4. Our AMA is committed to assuring that all medical school graduates entering graduate medical education programs have demonstrated competence in clinical skills.
5. Our AMA will continue to work with appropriate stakeholders to assure the processes for assessing clinical skills are evidence-based and most efficiently use the time and financial resources of those being assessed.
6. Our AMA encourages development of a post-examination feedback system for all USMLE test-takers that would:
 - a. Identify areas of satisfactory or better performance.

- b. Identify areas of suboptimal performance.
 - c. Give students who fail the exam insight into the areas of unsatisfactory performance on the examination.
7. Our AMA, through the Council on Medical Education, will continue to monitor relevant data and engage with stakeholders as necessary should updates to this policy become necessary.

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