**Health Professions Committee Application for the University Recommendation**

Return completed applications to the Prehealth Advisor Mary Beth Davis (med349@drexel.edu)

SECTION I
PERSONAL INFORMATION

Name: Date:

University ID:      Are you Male or Female:

Graduation Year:      Citizenship:

State of Legal Residence:

Email:      Cell Phone:

Local Address:

Permanent/Home Address:

SECTION II
ACADEMIC RECORD
List all schools attended; attach or send separately an unofficial record for any school except Drexel

Science GPA:(BCPM):       Overall GPA:

Major:      Minor:

Program (5yr/3, 4yr/1, 4yr, BS/MS):

 **Pre-April 2015 MCAT Scores (if taken)**
PS:      VR:      BS:      WS:      Date:

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**MCAT2015 Scores (if taken)**
Biological and Biochemical Foundations of Living Systems:
Chemical and Physical Foundations of Biological Systems:
Psychological, Social and Biological Foundations of Behavior:
Critical Analysis and Reasoning Skills:
Total MCAT Score:      Date:

List dates that you plan to take the MCAT:

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**DAT Scores**AC AVG:      PAT:      QRT:      RCT:

Gen Biology:      Org Chemistry:      Chemistry:

Total Science:      Date:

AC AVG:      PAT:      QRT:      RCT:

Gen Biology:      Org Chemistry:      Chemistry:

Total Science:      Date:

 **GRE Scores (Veterinary Medicine)**Verb:      Quant:      Analysis:      Date:

SECTION III
COLLEGE ACTIVITIES

**Please list the following:**

**Extracurricular activities:** defined as activities outside the usual duties of a full-time job and/or school. **Leadership:** defined as a position of responsibility, with a purpose to guide or direct others.

**Please list volunteer service in a clinical setting (e.g., hospital):** List dates and contact information for your supervisor or coordinator. Include comments on how these experiences had an impact on your personal or career development. Please list volunteer services that you plan in the future also.

**Please list community/volunteer service to the general community:** defined as involvement in a service activity without constraint or guarantee of reward or compensation (e.g., shelters for homeless, soup kitchens, tutoring, etc.).
\*List dates and contact information for your supervisor or coordinator. Include comments on how these experiences had an impact on your personal or career development. Please list volunteer services that you plan in the future also.

**Research:** defined as involvement in a scholarly or scientific investigation of a hypothesis that is supervised by an individual with verifiable research credentials. What did you do? What did you learn?
\*List dates and contact information for your supervisor or coordinator. Include comments on how these experiences had an impact on your personal or career development. Please list research activities that you plan in the future also.

**Physician shadowing:** defined as the observation of a physician/dentist/vet as he/she cares for and treats patients or animals and carries out the other responsibilities of medical/dental/vet practice.
(Do not include physician/dentist shadowing of family members here.)
\*List dates and contact information for the health professional. Include comments on how these experiences had an impact on your personal or career development.

**If you participated in the co-op program:** give specific details of your employment (projects, assignments).
\* List dates, location, employer (company, research facility), name and contact information of your direct supervisor. Include comments on how these experiences had an impact on your personal or career development.

**What paid jobs, excluding co-op, have you held since starting college (including summers)?**List dates and contact information for your supervisor or coordinator.

**What are your core talents?**

UNDERSTANDING OF THE CAREER...IS THIS AN INFORMED CHOICE?

Describe **your** Patient Exposure: defined as direct interaction with patients and hands-on involvement in the care of people in a health care related environment, attending to their health maintenance/progression or end of life needs.

What draws you to this career?

How do you assess your preparation and chances of admission to professional school at this time and why?

SECTION IV
ADDITIONAL QUESTIONS

To what extent do you feel that your academic record properly represents your candidacy to this profession?

Describe your weaknesses.

What plans do you have if you are not admitted to professional school this cycle?
Have you considered alternative careers? If not, why not?

If you are an alumnus/a, describe your activities/accomplishments since you have graduated. If you are currently enrolled and plan on taking a year or more off between Drexel and professional school, please describe your plans as specifically as possible.

Have you taken courses at other colleges or universities since graduation? List schools, dates attended and courses taken (or provide an unofficial transcript).

If you are attending or have completed a post baccalaureate program, gives dates and release a transcript to the pre-health advisor.

THE FOLLOWING QUESTION APPEARS ON MOST PROFESSIONAL SCHOOL APPLICATIONS

***"Were you ever the recipient of any institutional action by any college or professional school for unacceptable academic performance or conduct violation, even though such action may not have interrupted your enrollment or required you to withdraw?"***

You must answer YES even if the action does not appear on or has been deleted from your official transcript due to institutional policy or personal petition. If YES, please describe the action and circumstances surrounding it.

Do you have a criminal record of any kind, beyond minor traffic tickets? (If yes, please describe in detail).

SECTION V
EVALUATIONS

List the individuals you are planning to ask for letters of evaluation. Include full name and department. If you are applying to osteopathic medical schools, one of your evaluators **must** be a D.O. Identify each by one of the following categories: science faculty, non-science faculty, and non-faculty.

LIST OF SCHOOLS

Please provide a tentative list of health professional schools you are considering. Identify your top three choices.

Are you applying to any dual degree programs? (I.e. MD/MPH, MD/PhD etc.) If so, where?

Are you applying Early Decision? If so, where?

SECTION VI
PERSONAL STATEMENT/COMMENTS-DRAFT
(TWO PAGES Maximum, DOUBLE SPACED)

This is your opportunity to tell your own story of motivation and preparation for medicine (dentistry, vet etc.) in a compelling way that will convince an admissions committee to invite you for an interview.
***Be nothing less than truthful and sincere!***

Some questions to consider:

* Why have you selected this career?
* What motivates you to learn more about medicine (dentistry, vet etc.)?
* What do you want medical (dental, vet etc.) schools to know about you that haven’t been disclosed in another part of your application?
* Have you encountered special hardships along the pathway to this career? If so, describe.
* Have there been significant fluctuations in your academic record which aren't explained elsewhere in your application?