



Health Professions Advising Office

2018 Pre-Application – MEDICAL SCHOOL

Please complete (typed, no handwritten) the form and upload to BlackBoard in your "Prehealth Advising Course". If you are not enrolled in this course, please contact the Health Professions Advising Office.

BIOGRAPHIC INFORMATION

Name: _____ DOB: _____ Gender: _____

Current age: _____ Legal USA Resident: _____ Ethnicity: _____

Email: _____ Phone: _____ UA CWID: _____

Overall Undergraduate GPA: _____ Undergraduate Science (BCPM) GPA: _____

Major(s): _____ Minor(s): _____

Graduation date (semester/year): _____

High School Attended: _____ City: _____ State: _____

State of Residency: _____

UA Special Program (Honors College, University Fellows, University Scholars, STEM MBA, etc.):

If known, high school standardized test scores (composite): ACT: _____ SAT: _____

MCAT SCORES: _____ Date Taken: _____

_____ Date Taken: _____

CBPS CARS BBFL PSBS Total

If scheduled in the future, date you plan to take the MCAT (Month): _____

PARENTS/GUARDIANS and CHILDHOOD INFORMATION

Highest Level of Education Completed By Parents:

Mother: _____ Father: _____

Mother's occupation: _____ Father's occupation: _____

Number in Household (including you): _____ Paid Employment before 18? _____

Have you worked part-time/full-time to finance your college education? _____

How was post-secondary education paid for (tuition, housing, etc.)? (Indicate in percentage)

Academic Scholarship: _____

Family Contribution: _____

Financial Need-Based
Scholarship: _____

Applicant Contribution: _____

Student Loan: _____

Other: _____

ADDITIONAL INFORMATION

Institutional Action (SNAM, misdemeanors, etc.): _____ Yes/No

If yes, explain: _____

Early Decision: _____ Yes/No

Previous Military Service: _____ Yes/No

Applying RMSP: _____ Yes/No

Previous Matriculation: _____ Yes/No

DESIGNATED PROGRAMS (Medical schools that you are considering applying to)

ALLOPATHIC (MD)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OSTEOPATHIC (DO)

_____	_____
_____	_____
_____	_____
_____	_____

TEXAS SCHOOLS

_____	_____
_____	_____
_____	_____
_____	_____

INTERNATIONAL SCHOOLS

_____	_____
_____	_____

LETTERS OF EVALUATION (List up to 5)

List up to three professors and two personal references that you will ask to submit evaluations on your behalf. Most schools recommend that two of your references come from science faculty members. Personal references may be from physicians whom you have shadowed, family friends, employers, or other people who know you well and can speak to your character and/or your suitability for graduate professional study. Receipt of all letters listed here are required for submission and committee interview. These letters PLUS the committee letter will be submitted to medical schools by our office.

RECOMMENDER NAME _____

RECOMMENDER NAME _____

RECOMMENDER NAME _____

RECOMMENDER NAME _____

RECOMMENDER NAME _____

I consent for the Health Professions Advising Office to forward any and all comments made about me by the five above evaluators and the HPAO committee in support of my application to medical school. Thus, I hereby voluntarily waive and relinquish access to this confidential evaluation.

Applicant Signature

Complete this application and return to the Health Professions Advising office NO LATER THAN MARCH 29, 2017 at 5pm CST.

(For Health Professions Office Only)

AAMC (AMCAS) ID# _____

AMCAS LETTER ID# _____

AACOMAS LINK _____

TMDSAS ID# _____

EXPERIENCES

Please use the boxes provided to enter information about any work, extracurricular experiences, awards, honors, or publications. Use the first three boxes for your most meaningful experiences. Please refer to the list below to see which experience type best describes each experience.

Artistic Endeavors	Leadership- Not listed elsewhere
Community Service/Volunteer-Medical/Clinical	Military Services
Community Service/Volunteer—Not Medical/Clinical	Paid Employment-Medical/Clinical
Conferences Attended	Paid Employment- Not Medical/Clinical
Extracurricular Activities	Physician Shadowing/Clinical Observation
Hobbies	Presentations/Posters
Honors/Awards/Recognitions	Publications
Intercollegiate Athletics	Research/Lab

Experience Type:		Most Meaningful Experience:	
Experience Name:			
Start Date:	End Date:	Total Hours:	
Average Hours/Week:		Contact Name:	
Organization Name:		Contact Title:	
Contact Email:		Contact Phone:	
Experience Description: (700 characters)			
Most Meaningful Experience Remarks: (1325 characters)			

Experience Type:		Most Meaningful Experience:
Experience Name:		
Start Date:	End Date:	Total Hours:
Average Hours/Week:		Contact Name:
Organization Name:		Contact Title:
Contact Email:	Contact Phone:	
Experience Description: (700 characters)		
Most Meaningful Experience Remarks: (1325 characters)		

Experience Type:		Most Meaningful Experience:
Experience Name:		
Start Date:	End Date:	Total Hours:
Average Hours/Week:		Contact Name:
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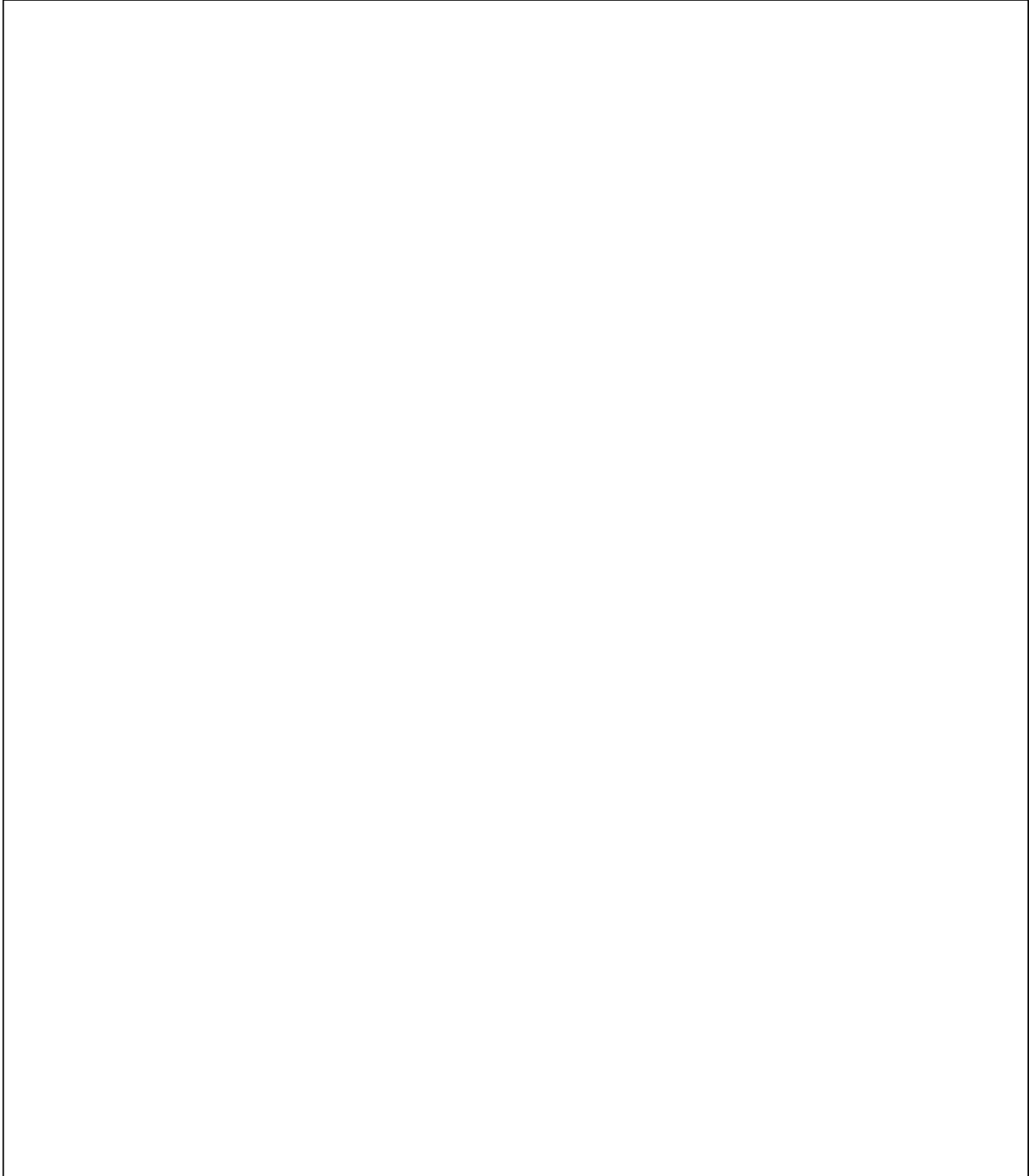
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Experience Name:		
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Start Date:	End Date:	Total Hours:
Average Hours/Week:		Contact Name:
Organization Name:		Contact Title:
Contact Email:		Contact Phone:
Experience Description: (700 characters)		

Personal Comments/Personal Statement: Use the space provided to explain why you want to go to medical school. The available space is 5300 characters or approximately one full page. On your real application you will receive an error message if you exceed the character limit. For the UA application, the box below has 5300 characters (TMDSAS is 5000 Characters, AACOMAS Character limit is 4500). You are encouraged to check your spelling, grammar, and syntax prior to final submission on your application.

A large, empty rectangular box with a thin black border, intended for the applicant to write their personal comments or statement. The box occupies most of the lower half of the page.