

Pre-Health Professions Office

NAME: _____ B #: _____

PHONE: (cell) _____ E-MAIL _____

STUDENT INFORMATION AND SUMMARY OF ACADEMIC RECORD

INSTRUCTIONS: The information supplied by you on this form will be used by the Pre-Health Professions Advisor in writing an Evaluation Letter for you. If you need to carry your responses over to extra pages, please do so. Remember to label your responses on these additional pages with the appropriate number/letter.

1. What do you feel is your greatest academic strength? [Do not list a subject area (e.g. biology), do list a character trait (e.g. ability to memorize)].

A. _____ Explain. _____

B. _____ Explain _____

2. What do you feel is your greatest non-academic strength?

A. _____ Explain. _____

B. _____ Explain _____

3. What do you feel is your greatest academic weakness?

A. _____ Explain _____

B. _____ Explain _____

4. What do you feel is your greatest non-academic weakness?

A. _____ Explain _____

B. _____ Explain _____

5. What are your hobbies/interests? List in order of importance to you.

1. _____ 2. _____

3. _____ 4. _____

6. Names of organizations you belong to. List in order of importance to you.

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. In what athletics have you participated? (all activities, not just those related to membership on a particular team, whether formal or informal)

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Athletic awards? _____

Hours per week for athletics _____

8. What jobs have you held during the last 3 years?

During School Year

During Summer

9. Have you had any experience in trade activities such as radio, auto or engine repair, carpentry, electrical wiring, etc.? _____

How many months/years? _____

10. What percentage of your school and personal expenditures over the past 3 years have been financed by:

YOURSELF _____%

FAMILY _____%

SCHOLARSHIP _____%

LOANS _____%

OTHER _____%

11. What person, agency, or other factors most influenced your decision regarding your chosen profession?

12. List physicians, dentists, or persons in other health professions in your family. Given relationships and professions.

13. What plans do you have following professional school graduation and residency?

SUMMARY OF REQUIRED PRE-HEALTH COURSES
(Course Title, Grade, College where taken)

Biology

Chemistry

Organic
Chemistry

Physics

Math

English

Other

If course requirements have not been met, please indicate when and where they will be taken

**PLEASE BE SURE ALL SHEETS OF THIS FORM AND ANY ADDITIONAL SHEETS ARE
SECURELY STAPLED TOGETHER BEFORE SUBMITTING THEM TO THE PRE-HEALTH
OFFICE**

PERSONAL INFORMATION

(Last name)

(First name)

(Middle initial)

(Permanent address)

(B Number)

(E-mail address)

(Cell phone)

(Home phone)

RELEASE OF RECORDS

Under the provisions of the Family Educational Rights and Privacy Act, I authorize the Pre-Health Professions Advisor to consult with various campus sources and to have access to information related to campus disciplinary sanctions in order to prepare credentials on my behalf. I also authorize the Pre-Health Professions Office to send out my credentials (check one):

Only at my request.

At the discretion of the Pre-Health Professions Advisor, as needed to complete my application to professional school.

(Signature)

(Date)