

**Matriculate Class 2020**

**Health Professions Advisory Committee**

**Personal Information Form**

Please carefully complete this form by typing your responses.We require your background information to prepare a holistic personal summary of your experiences. We are interested in information that is not revealed by your academic records and test scores, but which health professions schools might like to know about you. DO NOT USE ABBREVIATIONS WHEN COMPLETING THIS FORM. You may use additional space to complete questions if needed.

Complete this form **NO LATER THAN 1 MARCH 2019** and return it to the **Office of Advising and Co-Curricular Programs, Health Professions, 101 Scott Hall.** Only upon completion can we schedule your interview with the Health Professions Advisory Committee.

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| Name (full legal form): |       | Date: |       |
| Student ID (L)Number: |       | Class: |       |
| Cell Phone No: |  | State of Legal Residence: |  |
| Email Address: |  | Alternate Email Address: |  |
| **AREA OF INTEREST:** |
| MD/DO[ ]  MEDICAL/ PHD[ ]  DENTAL[ ]  OPTOMETRY[ ]  VETERINARY[ ]  PODIATRY[ ]  OTHER[ ]  |
| **How and when did you/will you prepare for your admissions test (i.e., MCAT, DAT, OAT, GRE)?** |
| Prep Name: |  | **Date:** |  |
| **Please report which admissions test(s) you have taken, with all scores, percentiles and dates completed/anticipated:** |
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| **YOUR COMPLETE APPLICATION includes ALL of the following:**This Personal Information Form, Your Personal Statement Essay, Letters of Recommendation with Cover Sheet Waivers, Dean’s Clearance Certification, Applicant Waiver for Composite Letter of Evaluation Release and Authorization of same. Please note: you still will need to submit your list of schools attendant waivers on 1 May 2017.  |
| **1.** **On the following page please list ALL NAMES OF RECOMMENDERS —both faculty (minimally 3, 2 of whom are science faculty) and non-faculty (minimally 2). All recommenders must provide their evaluation on letterhead, with their signature AND include the Cover Sheet Waiver form signed by both you and the recommender. You may request more than the minimum number of letters if a recommender provides a distinct perspective on your application. Please ask your recommender to complete the category evaluation on the waiver form. All letters indicated must be present before your on-campus application can proceed to the Campus Interview.** |
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| **2. Are there any health professionals in your family, among relatives or close friends?** Yes [ ]  No [ ] **If so, please provide details.** |
| **3. Please explain any WD (Withdraw), AUD (Audit), or P/F (Pass/Fail) notations on your transcript.** |
| **4. Referring to your Curriculum Vitae, please select one from among your Clinical Experiences and comment on how it has influenced your choice of career. Please do not rehash information from your CV, but rather expand briefly on why this particular experience has been meaningful to you. Additionally, describe the knowledge or skills you gained from this experience.** |
| **5. Referring to your Curriculum Vitae, please select one from among your Research Experiences and explain why you undertook the research, what outcomes resulted from your research, and how valuable the undertaking has been to achieving your career goals. Additionally, describe the knowledge or skills you gained from this experience.** |
| **6. Consider the Leadership Experiences and Additional Experiences documented in your CV. From among them select no more than two and explain (a) your motives in choosing to engage in it, (b) how this experience alloved you to grow as a person, and (c) how it has impacted your career goals.**  |
| **7. Are there any unusual events in or aspects of your undergraduate career that may have some influence on your portfolio? Examples might include status as a first generation college matriculant, language/cultural differences, maintaining a part-time job, caring for a sick family member, or a DACA status.** |
| **8. What significant activity or experience have you planned in the upcoming months? Please document it here and explain why you intend to undertake it.** |
| **9. What specific alternative plans have you made in the event you do not gain acceptance into a health professions program for this application cycle?** |

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| **Final Application Checklist****Please Select All That Apply*****(you may have overlooked these or wondered where to place them on your CV)*** |
| **I am or have been a:** |  |
| **[ ]** HHMI Scholar**[ ]** LEARN Scholar **[ ]** Marquis Scholar[ ]  Marquis Fellow[ ]  McKelvy Scholar[ ]  Mellon Fellow[ ]  Nalven Fellow[ ]  CAPA Fellow[ ]  EXCEL Research Scholar[ ]  Digital Humanities Summer Scholar[ ]  Research Assistant | [ ]  PARDner[ ]  Peer Mentor[ ]  Posse Scholar[ ]  Peer Tutor[ ]  SI Mentor[ ]  Teaching Assistant[ ]  Student Leadership Intern[ ]  Varsity Athlete[ ]  JV Athlete[ ]  Intramural Athlete[ ]  Other:  |
|  |
| **If you participated in any Department, Program or College competitions, contests, projects, etc. that are not documented in your CV, please indicate here and include relevant dates (examples: TechClinic, IDEAL, LIME, LANDIS, Off Campus Study, NCUR, Scholarship/Fellowship application, CBLR program, Grand Challenges program, etc.).** |
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