|  |
| --- |
| Basic Information |
| Name: |  |
| Email: |  |
| Major(s): |  |
| Minor(s): |  |
| Health Profession(s)of interest: |  |
| Questions or concerns you wish to discuss with a pre-health advisor: |  |
|  |

***Academics***

List pre-requisite courses required for your professional school/program of interest. Include any additional preparatory, recommended, or general interest courses you are also considering.

|  |  |  |  |
| --- | --- | --- | --- |
| Course Name & Number(*e.g., BIOL 115: Principles of Biology*) | Is this course a prerequisite? (*Yes or No*) | Have you completed this course? (*Yes or No*) | When did you/will you complete the course? (*e.g., Spring 2021*) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| What are the minimum and average GPAs from a few of the schools you are interested in applying to |  |

***Entrance Exam***

Many graduate programs require a specific entrance exam (*e.g., GRE, MCAT, DAT*) be taken when applying. Please take a moment to explore which may be require for your professional school/program of interest.

|  |  |
| --- | --- |
| Required entrance exam |  |
| Date taken |  |
| If not yet taken, when do you plan to take the exam |  |
| What are the minimum and average scores from a few of the schools you are interested in applying to: |  |

***Related Experiences***

List any and all experiences you have participated in to help prepare you for your professional school/program of interest. Include all relevant information, including if the experience was cancelled and why (*e.g., COVID-19*).

|  |  |  |
| --- | --- | --- |
|  | **Completed or in Progress:** | **Future experiences:** |
| **Work**(employer, position, dates |  |  |
| **Volunteer**(organization, position, dates) |  |  |
| **Clinical**(who, where, hours) |  |  |
| **Experiences Abroad**(brief description) |  |  |
| **Research**(brief description) |  |  |
| **Leadership**(organization, position, dates) |  |  |
| **Other** |  |  |

***Other Considerations***

Let us know where you are with preparing other materials you may need when applying to your professional school/program of interest.

|  |  |
| --- | --- |
| **Application Service** | Name:Open date:Deadlines: Components of application: |
| **Resume/CV** | Written? Y/NReviewers:1.2. |
| **Personal Statement****(or Cover Letter)** | Written? Y/NDraft No. \_\_\_\_Reviewers:1.2.3. |
| **Letters of Recommendations** | Committee Letter required? Y/NList of individual letter writers: 1.2.3.4. |