

CONFIDENTIAL - HPAC COMMITTEE EVALUATION APPLICATION

APPLICANT INFORMATION

Name:		
UG year:	GRAD: <input type="checkbox"/> thesis <input type="checkbox"/> non-thesis track	Cell Phone:
Permanent address:		
City:	State:	ZIP Code:
Non-Chatham (permanent) Email:		Date:
Type of school to which you are applying: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Dental <input type="checkbox"/> Podiatry <input type="checkbox"/> Vet <input type="checkbox"/> Pharmacy <input type="checkbox"/> Optometry		

ACADEMIC INFORMATION

Major & track (undergraduate students):		
Minor (undergraduate):		
Expected Grad. Date:	Cumulative GPA:	Science GPA:

ADDITIONAL ACADEMIC INFORMATION - GRADUATE STUDENTS

Undergraduate Institution:		
Year of Graduation:	Month & Year of matriculation at Chatham University:	
Major:	Cumulative UG GPA:	Science UG GPA:

STANDARDIZED TEST SCORES (MCAT, DAT, GRE)

EXAM: <input type="checkbox"/> MCAT <input type="checkbox"/> DAT <input type="checkbox"/> GRE <input type="checkbox"/> other			Name of "other" exam:
Score/Date:	Score/Date:	Will you retake exam: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Score/Date:	Score/Date:	Date of planned retake:	

ADDITIONAL INFORMATION

Were you ever the recipient of any institutional action by any college or medical school for unacceptable academic performance or conduct violation, even though such action may not have interrupted your enrollment or required you to withdraw? ☐YES ☐NO

If you are applying to medical school, you will see this on your AMCAS application. 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 briefly describe the action and circumstances surrounding it:**

Do you have a criminal record of any kind, beyond minor traffic tickets?

☐YES ☐NO

If you are applying to medical school, you will see this on your AMCAS application. 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 briefly describe the action and circumstances surrounding it:**

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LIST AT LEAST THREE PEOPLE WHO WILL BE PROVIDING LETTERS OF RECOMMENDATION. AT LEAST TWO SHOULD BE SCIENCE PROFESSORS. GRADUATE STUDENTS SHOULD INCLUDE AT LEAST ONE RECOMMENDER FROM THEIR UNDERGRADUATE INSTITUTION

Name	Relationship with the recommender

HONORS-please list any scholarships, honor societies or any forms of special recognition by the university or your department.

CLINICAL EXPERIENCE-please list any clinical experience, paid or volunteer, including type of experience, name of organization, location, dates, average hours per week

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RESEARCH EXPERIENCE-please list any RESEARCH experience, paid or volunteer, including type of experience, name of organization, name of supervisor if applicable, location, dates, average hours per week. Briefly summarize the work you did.

EXTRACURRICULAR ACTIVITIES-list any extracurricular activities in which you currently or previously participated, including athletics, clubs, etc. Include the name of the activity, average hours/week, dates, and any offices held. Please include any significant hobbies or interest even if they are unrelated to academics.

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JOB EXPERIENCE-please list paid employment that you have held, including job title, name of organization, location, dates, hours per week. Do not include positions listed under "CLINICAL EXPERIENCE".

ADDITIONAL INFORMATION – please provide any additional information that you feel is not covered by the questions asked above, that will help the committee evaluate your application

NAMES AND ADDITIONAL INFORMATION FOR AT LEAST 6 SCHOOLS TO WHICH YOU PLANT TO APPLY.

Full name of school	Mean GPA (overall)	Mean MCAT score	Why you feel this school is a good fit for you

SIGNATURES

I authorize the verification of the information provided on this form by Dr. Appasamy, including transcripts. I waive my right to access to the letters of recommendation written on my behalf.

Signature of applicant:

Date:

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PERSONAL STATEMENT – cut and paste your personal statement in the remaining space below.