

Pre-Health Professions Office---Academic B G-18

NAME: _____

PHONE:(school)_____ (home)_____

(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 a Composite Evaluation Letter for you. (Use the back of the page if you run out of space)

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)

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Athletic awards? _____

Hours per week for athletics _____

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

During school year 1. _____

2. _____

3. _____

During summer 1. _____

2. _____

3. _____

9. Have you had any experience in activities such as radio, auto or engine repair, carpentry, electrical wiring, sewing, knitting, drawing, jigsaw puzzles, 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?

STUDENT'S SUMMARY OF REQUIRED PRE-HEALTH COURSES

COURSE TITLE GRADE COLLEGE WHERE TAKEN

Biology _____

Inorganic Chemistry _____

Organic Chemistry _____

Physics _____

Mathematics _____

English _____

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

PLEASE BE SURE ALL SHEETS OF THIS FORM ARE SECURELY STAPLED TOGETHER BEFORE SUBMITTING THEM TO THE PRE-HEALTH OFFICE IN AB G-18.