

PRE-HEALTH PROFESSIONS COMMITTEE MEETING REQUEST FORM

**Please fill out this form after you have taken your admissions exam
(MCAT/DAT/GRE/OTHER) and Return it to SE 234.**

Name: _____

Address: _____

Email address (print clearly): _____@_____

(Note: You will be notified by email, so please print as clearly as possible!)

Phone Number: _____

(Check) Home: __ Work: __

Cell Phone: _____

School ID Number : _____



GPA: _____ (FAU) **Overall GPA:** _____

Major: _____

Latest MCAT* Score: _____ **Date taken:** _____

Breakdown: Verbal Reasoning____ **PhysSci**____ **BioSci**____ **Writing** _____

(If not MCAT, then indicate other test (circle one) DAT, PCAT, OAT, GRE)

Score: _____ **Date taken:** _____

(Check one) **Grad student:** _____ **Undergrad:** _____ **Post-Bac:** _____

Do you have the following items included in your Pre-Health Professions file?

AMCAS or other Application: _____

3-4 FAU Evaluation forms: _____

Additional information:

Please note that if you are granted an appointment with the Pre-Health Professions Committee, the time and place of the meeting is set up for the convenience of the Committee. You will be notified in advance of the meeting. You must dress appropriately and treat this meeting as seriously as you would a meeting with the admissions office of a professional school.

-----FOR OFFICE USE ONLY (BELOW) -----

_____ Student qualifies for a meeting with the Committee

_____ Student qualifies for a meeting with the Committee Chair

_____ Student does not qualify for a meeting

Please fill in the following in as much DETAIL as possible:

Languages (also indicate if English is not your first language):
Ethnicity:
Campus Involvement/Leadership Roles:
Research (also indicate how many hours or semesters):
Hobbies:
Health Care Experience (also indicate how many hours):
Volunteer (Community Based)(also indicate how many hours):

Additional information:

Please indicate your plan B. Are there any other areas in the health field that interest you?
