



UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE
MEDICAL COLLEGE ADMISSION TEST (MCAT) PREP COURSE
APPLICATION

PLEASE PRINT OR TYPE

DATE: _____

Name: _____ (Last) (First) (Middle)

SSN: _____ - _____ - _____ Date of Birth: _____ Age: _____ Male: _____ Female: _____

Parents' Names: _____ (Father) (Mother)

Local Address: _____ Permanent/ or Parents' Address: _____

City: _____ State: _____ City: _____ State: _____

Zip: _____ Phone: () _____ Zip: _____ Phone: () _____

Preferred Mailing Address

Local: _____ Permanent: _____ (Indicate with "X")

After April 30th all correspondence from this office will be sent to your permanent address.

E-mail Address: _____

Person who will know your location in two years, e.g., nearest relative not living with you:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Another adult relative or friend not living with you:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

DESCRIPTIVE INFORMATION:

U.S. Citizen? Yes _____ No _____

If no, country of origin: _____

Ethnicity (X all that apply): Black _____ White _____

American Indian _____ (Tribe _____)

Mexican-American _____ Mainland Puerto Rican _____

Other Hispanic _____

Parents' Country of Birth: _____

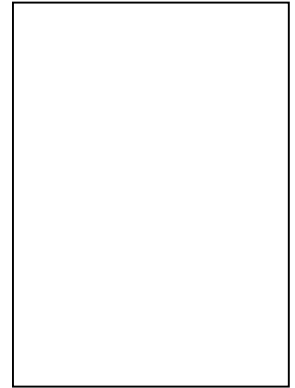
Colleges/Universities Attended (*Indicates currently enrolled):

Table with 3 columns: Name Major, Dates, State. Rows 1, 2, 3.

Classification at time of Application: _____ Freshman _____ Sophomore _____ Junior
_____ Senior _____ Post- Baccalaureate

TEST TAKEN – (Data for most recent test taken):

SAT Taken (Yes No) Year _____ Composite Score _____ Verbal _____ Math _____
ACT Taken (Yes No) Year _____ Composite Score _____
MCAT Taken (Yes No) Year _____ Verbal Reasoning _____ Physical Sciences _____
Writing Samples _____ Biological Sciences _____



Wallet Size Photo

ACADEMIC BACKGROUND

Grade Point Average: Consult Registrar’s Office or your advisor for correct GPA calculation if you are not sure.

Check your grading scale _____ 3.0 _____ 4.0 _____ 5.0 (i.e., 3.0 = A, 4.0 = A, 5.0 = A)

*Undergraduate Sci _____ Non-Sci _____ Overall _____ ****This information is required!!!**
Graduate Sci _____ Overall _____

Courses completed or in progress: (Use additional sheet, if necessary)

Check your academic school year: Semester _____ Trimester _____ Quarter _____

BIOLOGY

Title	Hrs	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHEMISTRY

Title	Hrs	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

MATHEMATICS

Title	Hrs	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHYSICS

Title	Hrs	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER SCIENCES

_____	_____	_____
_____	_____	_____

Expected /Actual Date of Graduation: _____ Undergraduate (Mo/Yr) _____ / _____
Graduate (Mo/Yr) _____ / _____

Previous Summer Program(s)? (Yes No) Year(s) _____ / _____

If yes, where? _____

School: _____ City: _____ State: _____

School: _____ City: _____ State: _____

FAMILY INFORMATION

Check your household income bracket:

_____ \$15,000 or below _____ \$16,000 - \$25,000 _____ \$26,000 - \$35,000
_____ \$36,000 - \$50,000 _____ \$50,000 or above

Father: _____ Living _____ Deceased Occupation: _____

Education: High School _____ Technical School _____ College _____ Grad / Prof _____

Mother: _____ Living _____ Deceased Occupation: _____

Education: High School _____ Technical School _____ College _____ Grad / Prof _____

Are there any family circumstances or special problems which would be useful for us to know in evaluating your application?

If so, please explain: _____

How did you find out about this program?

_____ Recruiter/Counselor _____ Meeting /Conference _____ Student/Friend _____ Magazine/Newspaper
_____ Posted Notice _____ Other (_____)

Please Provide the name and location of the recruiter/counselor, meeting/conference or magazine/newspaper form whom (which) you received information about this program.

Name: _____ Location: _____

Please provide a personal statement explaining why you wish to participate in this program. (Use Page 5 – limit your response to one page).

Describe any pertinent hospital or medically related experiences you have had.

List any jobs you have had in the past three years during college and summers.

Job: _____ Employer: _____ Dates of Employment: _____ Hrs/ Wk: _____

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Job: _____ Employer: _____ Dates of Employment: _____ Hrs/ Wk: _____

List your principal extracurricular and community activities in which you have been involved during your college years:

Activities: _____ Date of Participation: _____ Hrs. Wk: _____

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Activities: _____ Date of Participation: _____ Hrs. Wk: _____

Will you be applying for a health professions school entry in the Fall? Yes No

Please list the names, position and addresses of three persons whom you will ask to write letters of recommendation for you. (Three letters of recommendation are required for MSHCMP. At least one of your letters should be from a science instructor). One letter is required for the MCAT Prep course, which should come from the pre-health advisory committee or a science professor.

Name: _____ Position: _____

Address: _____

Name: _____ Position: _____

Address: _____

Name: _____ Position: _____

Address: _____

In addition to the three letters of recommendation, it is your responsibility to see to it that official copies of your academic transcripts be sent. Also, submit with application a wallet size photograph.

Please provide a person statement of what your interests and goals are in the health profession of your choice and tell why you are interested in participating in our Minority Studies Health Careers Motivation Program or the MCAT Prep Program. (Use spaces provided and limit response to one page).

APPLICATION DEADLINE IS MAY 15th, 2009

Return to: **MEDICAL COLLEGE ADMISSION TEST (MCAT) PREP PROGRAM**
University of Miami Miller School Medicine
Office of Minority Affairs
Post Office Box 016960(R-128)
Miami, FL 33101

ATTN: **Director**

E-mail: SMorrison@med.miami.edu