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

PLEASE PRINT OR TYPE

Name: __________________________ __________________________ __________________________
(Last) (First) (Middle)

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

Parents’ Names:
(Father) (Mother)

Local Address: ____________________________ City: ______________ State: ____________ Zip: __________

Permanent/ or Parents’ Address: ____________________________

Local Address: ____________________________ City: ______________ State: ____________ 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):

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<th>Name</th>
<th>Major</th>
<th>Dates</th>
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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_____

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 ________

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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: __________

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: ________________

Activities: ______________________________ Date of Participation: __________________________ Hrs. Wk: ________________

Activities: ______________________________ Date of Participation: __________________________ Hrs. Wk: ________________

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 form 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 6th, 2011
PERSONAL STATEMENT

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Student Signature: __________________________________________ Date: ______________________
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