**MCLA Pre-Medical Questionnaire**

**2018**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your major?
2. Who is your major advisor?

If your major advisor is not on the Pre-Medical Advisory Committee (Ann Billetz, Carolyn Dehner, Anne Goodwin, George Hamaoui, Nicole Porther, Kebra Ward), who is your pre-medical advisor?

1. To which type of program are you planning to apply? Medical Dental
2. Are you planning to apply during the current calendar year? Yes No
3. Complete the following chart.

|  |  |  |  |
| --- | --- | --- | --- |
| Course | Grade | Course | Grade |
| Intro to Biology I: Cells |  | General Physics I (or equivalent) |  |
| Intro to Biology II: Organisms |  | General Physics II (or equivalent) |  |
| Intro to Chemistry I |  | Calculus I (or higher) |  |
| Intro to Chemistry II |  | 2nd math course |  |
| Organic Chemistry I |  | English Composition II |  |
| Organic Chemistry II |  | 2nd English course (literature?) |  |

Have you met all of the prerequisites listed above? Yes No

1. Did you earn college credits at another institution? Yes No

 If yes, complete the following table.

|  |  |  |
| --- | --- | --- |
| Institution | Major (if applicable) | GPA |
|  |  |  |
|  |  |  |
|  |  |  |

1. What is your overall GPA? Include courses taken at MCLA and at other institutions.
2. What is your science GPA? Include courses in Biology, Chemistry and Physics, taken at MCLA and at other institutions.
3. Have you taken the MCAT or DAT? Yes No

If yes, how many times?

If yes, what are your scores and percentile rankings?

1. Do you have any experience working or observing in health care? Yes No

If yes, please describe.

1. Do you have any experience in community service? Yes No

If yes, please describe.

1. Do you have any leadership experience? Yes No

If yes, please describe.

1. Have you been the subject of any disciplinary measures at MCLA or at other academic institutions? Yes No

If yes, please describe.

1. \_\_\_\_\_\_\_ I waive/ \_\_\_\_\_\_ I do not waive the right to read all recommendations

Signature of Candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_