MCAT: Medical College Admission Test Preparation Program
APPLICATION DEADLINE IS MARCH 22, 2013

PLEASE PRINT CLEARLY WITH BLUE OR BLACK PEN OR TYPE. (Pencil applications will not be accepted)

DATE: __________________________
Name: ______________________________ _________ (Last) (First) (Middle)
SSN: _______ - _____ - _______ Date of Birth: _________________ Age: _____ Male: ☐ Female: ☐

Attach a copy of your Social Security Card (SSN) to this application
Local Address: _____________________________________ City: __________________________ State: ______________
Zip: ___________ Permanent Address: _____________________________________ City: __________________________ State: ______________
Zip: ___________

*All correspondence from this office will be sent to the mailing address listed above.

Preferred Mailing Address: Local ☐ Permanent ☐
Cell Phone: (          )__________________________ Home Phone: (          )__________________________
E-mail Address: ___________________________________________

Persons who will know your location in two years (i.e., relatives, close friends, etc.)

Name: ______________________________________________________________________________________
Name: ______________________________________________________________________________________
Address: ___________________________________________________________________________________
Address: ___________________________________________________________________________________
Home: (       )                         Cell: (       ) Home: (       )                         Cell: (       )
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DESCRIPTIVE INFORMATION

U.S. Citizen? ☐ Yes ☐ No
If no, country of origin: ________________________________

Permanent Resident? ☐ Yes ☐ No

For Data Purposes Only
☐ First-generation college student*
☐ Raised by single or divorced parent

* First-generation college student is defined as an individual neither of whose natural or adoptive parents received a baccalaureate degree

Ethnicity (X all that apply):
☐ Black/African American
☐ American Indian /Alaskan Native
☐ Hispanic/Latino
☐ Asian
☐ Multi-ethnic
Other: ____________________________________________

Colleges/Universities Attended (*Indicates currently enrolled)

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<tr>
<th>Name</th>
<th>State</th>
<th>Major</th>
<th>Dates</th>
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Class standing (by credit) at time of application: ☐ Junior ☐ Senior ☐ Post- Baccalaureate

TEST TAKEN – Data for most recent test taken:

SAT ☐ Yes ☐ No Year ______ Critical Reading/Verbal ______ Mathematics______
Writing Skills (if applicable) ______

ACT ☐ Yes ☐ No Year ______ Composite Score ______

MCAT ☐ 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.

Undergraduate Science _______ Non-Science _______ Overall _______

*Graduate Science _______ Overall _______ (*If applicable)

Check your academic school year: ☐ Semester ☐ Trimester ☐ Quarter
Courses completed or in progress: (Use additional sheet, if necessary)

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<tr>
<th>BIOLOGY</th>
<th>CHEMISTRY</th>
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<th>MATHEMATICS</th>
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<tr>
<td>Title</td>
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<th>OTHER SCIENCES</th>
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Expected /Actual Date of Graduation: Undergraduate (Mo/Yr.) ___________ / _______________
Graduate (Mo/Yr.) ___________ / _______________

Have you ever participated in any academic Summer Program(s)? □ Yes □ No
Name of Program: ___________________ School/Institution: ___________________ City, State: __________
Name of Program: ___________________ School/Institution: ___________________ City, State: __________
Name of Program: ___________________ School/Institution: ___________________ City, State: __________

Have you currently applied for any other academic Summer Program(s)? □ Yes □ No
Name of Program: ___________________ School/Institution: ___________________ City, State: __________
Name of Program: ___________________ School/Institution: ___________________ City, State: __________
Name of Program: ___________________ School/Institution: ___________________ 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 – 75,000
- 76,000 – 100,000+

Number of people residing in household: ____________________

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<th>Father/Guardian</th>
<th>Mother/Guardian</th>
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Education:

- High School: ________________
- Technical School: ________________
- College: ________________
- Grad / Prof: ________________

Are there any family circumstances or special problems that would be useful for us to know in evaluating your application? If so, please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
How did you find out about this program?

☐ Office of Academic Enhancement  ☐ Office of Diversity & Multicultural Affairs/ Miller School of Medicine
☐ Poster/Flyer  ☐ Recruiter/Counselor  ☐ Information Session  ☐ Student/Friend
☐ Magazine/Newspaper  ☐ Website  ☐ Other ______________________________

Please attach a personal statement explaining why you wish to participate in this program. In your statement also highlight any personal attributes that would be deemed desirable for medical school applicants. (Minimum of 400 words)

Please describe any pertinent hospital or medical field experience in which you have been actively involved.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

Job Title: ___________________________ Employer: ___________________________

Dates of Employment: ___________ Hours/Week: ___________

Job Title: ___________________________ Employer: ___________________________

Dates of Employment: ___________ Hours/Week: ___________

Job Title: ___________________________ Employer: ___________________________

Dates of Employment: ___________ Hours/Week: ___________

Job Title: ___________________________ Employer: ___________________________

Dates of Employment: ___________ Hours/Week: ___________

Job Title: ___________________________ Employer: ___________________________

Dates of Employment: ___________ Hours/Week: ___________
Dean of Students Recommendation

**Applicant:** This form is intended as a confirmation of your good academic and disciplinary standing. Please complete Section I of this page. Give this form to the Dean of Students or similar official at the most recent institution you have attended to complete Section II of this form. Please return this completed form with your application packet.

**Section I** (To be completed by student)

Social Security or Student ID Number: ________________________________

Student Name ______________________________________________________

Last ___________________________ First ___________________________ Middle Initial ______

Address ____________________________________________________________

Street ___________________________ Apt. Number __________

City ___________________________ State __________ ZIP Code __________

Date of Birth ___ / ___ / ___ Phone (___) __________________________

Month ___ Day ___ Year

Student’s Signature ___________________________ Date __________________________

**Section II** (To be completed by Dean or similar official) Additional space is provided on back if needed.

Has this student been involved in any disciplinary action at your school, or are there any conduct cases pending?  □ Yes  □ No

Are there factors—academic, social, or other—that would interfere with this student’s ability to make normal progress toward his/her degree?  □ Yes  □ No

If you answer yes to either question, please explain:

College/University __________________________________________________________ Phone (___) __________________________

E-mail address_____________________________________________________________

Please print your name: ____________________________________ Title __________________________

Signature: ___________________________________________ Date: __________________________

List your principal extracurricular and community activities in which you have been involved during your college years:
**MCAT: Medical College Admission Test Preparation Program - APPLICATION DEADLINE IS MARCH 22, 2013**

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**Will you be applying for a health professions school entry in the fall?** ☐ Yes ☐ No

Please list the contact information for the three (3) college professors whom you will ask to write letters of recommendation on your behalf.

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**Your completed application packet must contain:**
- ☐ Completed Application Form with all requested documents
- ☐ Official Transcript(s)
- ☐ Dean of Students Recommendation Form
- ☐ Personal statement, minimum of 400 words
- ☐ Letters of recommendation from three (3) college professors
- ☐ Wallet-Size Photo
- ☐ Proof of Health Insurance (Required)

**My signature below indicates:** (1) that all the information contained in my application is complete, factually correct, and honestly presented; (2) that if I am accepted to this program, I agree to abide by the University of Miami Honor Code, a document which prohibits dishonesty in all academic work; (3) that all documents listed above must be received in order for my application to be considered.

**Signature** | **Printed Name** | **Date**
---|---|---

***I understand that incomplete packets will not be reviewed***

**APPLICATION DEADLINE IS FRIDAY MARCH 22, 2013**

**NO LATE APPLICATIONS WILL BE ACCEPTED***
Return to:
MCAT Program
University of Miami Miller School of Medicine
Office of Diversity and Multicultural Affairs
ATTN: Nanette Vega, Director for Diversity and Multicultural Affairs
1611NW 12th Avenue Park Plaza West Suite J
Miami, FL 33101
Ph: 305-243-6551
Fax: 305-243-5574
www.miami.edu/miamimodel