Pre-Health Student Data Sheet

University at Albany, State University of New York, Advisement Services Center, LI 36

Printed Name: Last_____ First _____

College ID Number_____ Email_____

Home Address: _____

_____

Telephone: _____

NOTES:

Intended Area(s) of Application

__ Allopathic Medicine
__ Osteopathic Medicine
__ Podiatry __ Dentistry
__ Veterinary __ Optometry
__ Early Assur./Albany Med.
__ Early Assur. BS/OD SUNY Opt
__ Other _____

Application Information

Graduation Year: _____
Degree Program:
BA BS MA MS
Major(s): _____

_____

Other: _____

Pre-Health File Checklist

Please submit prior to the first Monday in February of the year you plan to be evaluated by the Pre-Health Committee.

__ Resumé
__ Essay ***(2 pages, double spaced)***
__ Photograph ***(recent)***
__ Spring Schedule Card
__ GPA Calculation Sheet
__ Request for Committee Evaluation
__ Waiver
__ Judicial Report
__ Confirmation of Research Letter - ***Optional***
__ Confirmation of Volunteer Letter ***OR*** Documentation of Paid Work in a Health Care Setting
__ 1st Science Recommendation
__ 2nd Science Recommendation
__ Humanities ***OR*** Social Science Recommendation
__ Other Evaluations ***(Optional)***

Evaluation List

Please write the names of people whom you requested evaluations from and the dates you made the requests.

Names of Evaluators	Date Req'd	Date Rec'd

This data sheet will remain on file in ASC until you graduate. Please update as necessary.

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