

Pre-Health Student Data Sheet

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

Last Name: _____ First Name: _____

College ID Number: _____ Email: _____

Home Address: _____

Telephone: _____

NOTES:

Intended Area(s) of Application

- ___ Allopathic Medicine
- ___ Osteopathic Medicine
- ___ Dentistry
- ___ Optometry
- ___ Podiatry
- ___ Veterinary
- ___ Early Assur./Albany Med.
- ___ 3+4 SUNY Optometry
- ___ 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 Health Care Experience: (volunteer letter, letter of rec from a physician, etc.)
- ___ 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