

## REQUEST FOR A PRE-HEALTH COMMITTEE INTERVIEW/ EVALUATION

Name:	Graduation Date:
I.D. #:	Year of entry into a health profession school:
Date of Birth:	Health Profession Area(s) of application:
Address:	
Email:	Phone number:

\_\_\_ I am currently an undergraduate student at the University at Albany in a degree program and have completed at least 30 credit hours at Albany.

\_\_\_ I am enrolled through general studies at the University at Albany and have taken all of the prerequisite science courses for my chosen health profession area of application as a post-baccalaureate student at Albany(must have completed at least 30 credit hours here)

\_\_\_ I am applying to Early Assurance/AMC (soph) or joint degree SUNY/Opt. (soph)

\_\_\_ I am a graduate of the University at Albany. Year/degree\_\_\_\_\_

By signing this request form, I acknowledge that I am aware that students receive **only one opportunity** to interview with the Pre-Health Advisory Committee. I request my **single opportunity** to interview with the Pre-Health Committee during the SPRING\_\_\_\_\_ semester. I understand that interviews are conducted FEBRUARY to APRIL **in person on campus** and my request may be accommodated only if I submit all required fees and documents including all required letters of recommendation by the stated deadline.

I am informed that it is required that I have completed the prerequisite pre-health coursework courses prior to the Spring semester.

I am aware that the committee expects me to have gained at least 50 hours of volunteer or employment experience in the health field and to provide a letter of recommendation about this experience. Shadowing cannot be used for this requirement.

I understand that if the information in my pre-health file reveals that I am not currently a competitive applicant that the Pre-Health Committee may not be able to offer a strong recommendation on my behalf and it is also unlikely that I will receive an acceptance to a health profession school.

I understand that the Pre-Health Committee strongly encourages students to improve their weak areas (academic or non-academic) and is willing to interview students in the following SPRING semester (provided all aforementioned conditions are met) for the NEXT application year.

I accept my responsibility to ensure that all required materials are received into my pre-health file by the stated deadline. Those with incomplete files do not receive interviews. If I do not arrive on time at the proper location for my interview, I may forfeit my chance to be interviewed. I honestly believe that I am currently a competitive applicant for a professional school and I am prepared to meet with Pre-Health Committee members.

I understand that my pre-health committee evaluation and letters of recommendation in my pre-health file are intended for a health professions school application only and the pre-health office will retain my committee letter and letters of recommendation for 5 years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

