

**Pre-Health Professions Office**

NAME: B #

PHONE: (cell) E-MAIL

**STUDENT INFORMATION AND SUMMARY OF ACADEMIC RECORD**

INSTRUCTIONS: The information supplied by you on this form will be used by the Director of Pre-Health Services in writing an Evaluation Letter for you. If you need to carry your responses over to extra pages, please do so. Remember to label your responses on these additional pages with the appropriate number/letter.

1. What do you feel is your greatest academic strength? [Do not list a subject area (e.g. biology), do list a character trait (e.g. ability to memorize)].

A. Explain

B. Explain

2. What do you feel is your greatest non-academic strength?

A. Explain

B. Explain

3. What do you feel is your greatest academic weakness?

A. Explain

B. Explain

4. What do you feel is your greatest non-academic weakness?

A. Explain

B. Explain

5. What are your hobbies/interests? List in order of importance to you.

- |    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |

6. Names of organizations you belong to. List in order of importance to you.

- |    |    |    |
|----|----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |

7. In what athletics have you participated? (all activities, whether formal or informal)

- |    |    |    |
|----|----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |

Hours per week

8. What jobs have you held during the last 3 years?

During School Year

During Summer

9. Have you had any experience in activities such as computer, auto or engine repair, carpentry, electrical wiring, sewing, cooking, art, playing a musical instrument or anything else that requires manual dexterity?

10. What percentage of your school and personal expenditures over the past 3 years have been financed by:

YOURSELF    % FAMILY    % SCHOLARSHIP    % LOANS    % OTHER    %

11. What person, agency, or other factors most influenced your decision regarding your chosen profession?

12. List physicians, dentists, or persons in other health professions in your family. Given relationships and professions.

13. What plans do you have following professional school graduation?

**SUMMARY OF REQUIRED PRE-HEALTH COURSES**  
(Course Title, Grade, College where taken)

Biology

Chemistry

Organic

Chemistry

Physics

Math

English

Other

If course requirements have not been met, please indicate when and where they will be taken

**REMEMBER TO ATTACH ADDITIONAL SHEETS IF NECESSARY**