

MEDICAL COMPREHENSION ASSESSMENT TEST PREP PROGRAM (MCAT)

Complete application packets must be received in the Office of Diversity and Inclusion on **March 17, 2017** and contain the documents listed below. Incomplete or late applications will not be reviewed.

APPLICATION CHECK LIST

Completed Application Form

Personal Statement (minimum of 400 words)

*Official Transcript

*Dean of Students / Principal Recommendation Form

*Three (3) letters of recommendation from teachers / counselor

Passport Photo

Proof of Health Insurance (Required)

Color Copy of Social Security Card (SSN)

** Dean of Students/Principal Recommendation Form, Letters of Recommendation and Official Transcript(s) may be emailed to: diversityoffice@med.miami.edu*

The MCAT Prep Program is part of the Miami Model Summer Programs sponsored by the Office of Diversity and Multicultural Affairs in collaboration with the Office of Academic Enhancement.



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE



MEDICAL COMPREHENSION ASSESSMENT TEST PREP PROGRAM (MCAT)

Please type responses, print, sign and submit. **APPLICATION DEADLINE IS MARCH 17, 2017**

I. Contact Information

LAST NAME		FIRST NAME		MIDDLE NAME
PERMANENT ADDRESS				APT
CITY		STATE	ZIP	
CELL PHONE NUMBER	PRIVATE/PERSONAL E-MAIL ADDRESS			
LOCAL ADDRESS				APT
CITY		STATE	ZIP	
PERSONS WHO WILL KNOW YOUR LOCATION IN TWO YEARS (I.E. RELATIVES, CLOSE FRIENDS, ETC.)				
NAME		NAME		
ADDRESS		ADDRESS		
CITY, STATE ZIP		CITY, STATE ZIP		
HOME PHONE	CELL PHONE	HOME PHONE	CELL PHONE	

II. Demographic Information

DATE OF BIRTH / / 19__	PERMANENT RESIDENT YES NO		SOCIAL SECURITY NUMBER	
ETHNICITY	U.S. CITIZEN	GENDER	1 ST GENERATION COLLEGE STUDENT	RAISED IN A SINGLE-PARENT HOME
AFRICAN AMERICAN/BLACK AMERICAN INDIAN/ALASKAN NATIVE ASIAN/PACIFIC ISLANDER HISPANIC/LATINO MULTI-ETHNIC	YES NO	MALE FEMALE	YES NO <i>*an individual neither of whose natural or adoptive parents received a baccalaureate degree</i>	YES NO
HOW DID YOU FIND OUT ABOUT THIS PROGRAM? (CHECK ALL THAT APPLY)				
POSTER/FLYER	STUDENT/FRIEND	OFFICE OF ACADEMIC ENHANCEMENT		
RECRUITER/COUNSELOR	WEBSITE	OFFICE OF DIVERSITY AND INCLUSION		
INFORMATION SESSION	MAGAZINE/NEWSPAPER			



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE

Office of Diversity and Inclusion
Rosenstiel Medical Science Building
1600 NW 10 Avenue, Suite 1130, Locator R11
Miami, Florida 33136
Tel. 305-243-7156 Fax 305-243-7312
www.diversity.med.miami.edu

Attach Passport Size Photo (2x2)

Return application to **UM** - Office of Diversity and Inclusion – RMSB, 1600 NW 10 Avenue, Suite 1130, Locator R11, Miami, Florida 33136

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III. Family Information

COMBINED FAMILY INCOME						TOTAL NUMBER OF FAMILY MEMBERS
UNDER \$15K	\$15,001-25K	\$25,001-35K	\$35,001-50K	\$50,001-70K	\$70,001+	

PRIMARY CARETAKER (CHECK ONE)					FATHER	MOTHER	LEGAL GUARDIAN	OTHER _____
LAST NAME						FIRST NAME		
CURRENT HOME ADDRESS							APT NUMBER	
CITY, STATE						ZIP		
HOME PHONE				CELL PHONE				
OCCUPATION				SALARY				
HIGHEST EDUCATION LEVEL COMPLETED								
GRADE SCHOOL		HIGH SCHOOL		TWO YEAR COLLEGE		VOCATIONAL OR TECHNICAL SCHOOL		
BACHELOR DEGREE		MASTER'S DEGREE		DOCTORAL DEGREE				

SECONDARY CARETAKER (CHECK ONE)					FATHER	MOTHER	LEGAL GUARDIAN	OTHER _____
LAST NAME						FIRST NAME		
CURRENT HOME ADDRESS							APT NUMBER	
CITY, STATE						ZIP		
HOME PHONE				CELL PHONE				
OCCUPATION				SALARY				
HIGHEST EDUCATION LEVEL COMPLETED								
GRADE SCHOOL		HIGH SCHOOL		TWO YEAR COLLEGE		VOCATIONAL OR TECHNICAL SCHOOL		
BACHELOR DEGREE		MASTER'S DEGREE		DOCTORAL DEGREE				

Are there any family circumstances or concerns that would be useful for us to know when evaluating your application? If so, please explain.

Have you ever been convicted of a crime (Including misdemeanor, felony or criminal negligence)?

Yes No If Yes, please explain _____

**Please be as honest as possible when providing this information; its primary purpose is for grant writing. All information will be kept confidential and used solely for admissions and statistics.*

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IV. Academic Information

Colleges/Universities attended. List most recent first.

Name of College/University	State	Major	Dates
1			-
2			-
3			-

Academic grading period: Semester Trimester Quarterly

Class standing (by Credit) at time of application: Sophomore Junior Senior Graduate

Grade Point Average: (If you are unsure, consult your Registrar's Office for correct GPA calculation.)

Undergraduate: Science _____ Non-Science _____ Cumulative _____

Graduate: Science _____ Non-Science _____ Cumulative _____

Actual or Expected Date of Graduation: Undergraduate (Mo/Yr.): _____/_____

Graduate (Mo/Yr.): _____/_____

Please provide data from your most recent test scores below:

SAT YES Year: _____ Critical Reading: _____ Mathematics: _____ Writing: _____

 NO
ACT YES Year: _____ Composite Score: _____ Mathematics: _____ English: _____
 NO Reasoning Writing: _____ Reading: _____ Science: _____

MCAT YES Year: _____ Physical Sciences: _____ Biological Sciences: _____
 NO Verbal CARS: _____ Psychology & Sociology: _____

Have you taken the MCAT test? Yes No If so, how many times? _____

Have you participated in any MCAT Course Program(s)? Yes No

School/Institution	City, State	Dates
1		-
2		-
3		-

Will you be applying to enter a health professions school in the fall? Yes No

Have you participated in any academic summer program(s)? Yes No

Program Name	School/Institution	City, State	Dates
1			-
2			-
3			-

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Have you applied to any other academic summer program(s)? Yes No

Program Name	School/Institution	City, State	Dates
1			-
2			-
3			-

Please describe any pertinent hospital or medical field experience you have.

List the principal extracurricular and community activities you are/were involved in during college:

Activity/Program Name	City, State	Dates	# of hrs.
1			
2			
3			

Please provide the contact information for the three college professors writing your letters of recommendation.

Name:	Position:
Email Address:	Phone:
Name:	Position:
Email Address:	Phone:
Name:	Position:
Email Address:	Phone:

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

Your completed application packet must contain:

- | | |
|--|--|
| Completed Application Form | *Dean of Students Recommendation Form |
| *Official Transcript(s) | Personal statement, minimum of 400 words |
| *Three (3) letters of recommendation, two (2) must be from college professors | Passport Size Photo (2x2) |
| Proof of Health Insurance (Required) | Color Copy of Social Security Card (SSN) |
| *Dean of Students Recommendation Form, Official Transcript(s) and Letter of Recommendation may be emailed to: diversityoffice@med.miami.edu | |

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 I am submitting a complete application packet and that all documents listed above are included.

I understand that incomplete and late applications will not be reviewed.

Signature Printed Name Date

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V. Dean of Students Recommendation

Applicant: This form is confirmation of your good academic and disciplinary standing. Please complete Section I and ask the Dean of Students or similar official at your current or the most recent institution you have attended to complete Section II. This form may be returned with your application in a sealed envelope with the Dean's signature over the closure. Or, the Dean may email it to diversityoffice@med.miami.edu or send it directly to the address below.

APPLICATION DEADLINE IS MARCH 17, 2017

UM - Office of Diversity and Inclusion – RMSB
1600 NW 10 Avenue, Suite 1130, Locator R11
Miami, Florida 33136

Section I: Should be completed by applicant.

LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	PHONE NUMBER	STUDENT NUMBER
STUDENT'S SIGNATURE		DATE

Section II: Should be completed by Dean of Students or similar official.

Has this student been involved in any disciplinary action at your school or does he/she have any conduct cases pending?	Yes	No
Are there any factors – academic, social, personal, etc. – that would interfere with this student's ability to make normal progress toward his/her degree?	Yes	No

If you answered yes to either question, please explain:

Print Name: _____ Title: _____

Signature: _____ Date: _____

Email Address: _____ Phone: _____

College/University: _____

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