

## MEDICAL COMPREHENSION ASSESSMENT TEST PREP PROGRAM (MCAT)

Complete application packets must be received in the Office of Diversity and Multicultural Affairs on **March 18, 2016** 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](mailto: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 18, 2016**

## I. Contact Information

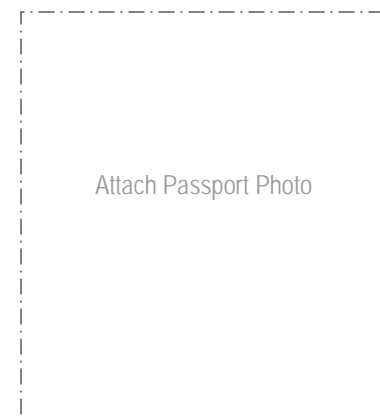
LAST NAME		FIRST NAME		MIDDLE NAME
PERMANENT ADDRESS				APT
CITY			STATE	ZIP
CELL PHONE NUMBER		PRIVATE/PERSONAL E-MAIL ADDRESS		
LOCAL ADDRESS				APT
CITY			STATE	ZIP
<b>PERSONS WHO WILL KNOW YOUR LOCATION IN TWO YEARS (I.E. RELATIVES, CLOSE FRIENDS, ETC.)</b>				
NAME		NAME		
ADDRESS		ADDRESS		
CITY, 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 <sup>ST</sup> GENERATION COLLEGE STUDENT	RAISED IN A SINGLE-PARENT HOME
AFRICAN AMERICAN/BLACK AMERICAN INDIAN/ALASKAN NATIVE ASIAN 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 & MULTICULTURAL AFFAIRS/		
INFORMATION SESSION	MAGAZINE/NEWSPAPER	MILLER SCHOOL OF MEDICINE		



**Office of Diversity and Multicultural Affairs**  
 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](http://www.diversity.med.miami.edu)  
[www.miami.edu/mcatprogram](http://www.miami.edu/mcatprogram)



Return application to **UM - Office of Diversity – 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+	

<b>PRIMARY CARETAKER</b> (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				

<b>SECONDARY CARETAKER</b> (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.

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*\*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.*

# MEDICAL COMPREHENSION ASSESSMENT TEST PREP PROGRAM (MCAT)

## 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.

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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  | Wallet-Size Photo                        |
| 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: <a href="mailto:diversityoffice@med.miami.edu">diversityoffice@med.miami.edu</a> |  |

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.**

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Signature Printed Name Date

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

# MEDICAL COMPREHENSION ASSESSMENT TEST PREP PROGRAM (MCAT)

## 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](mailto:diversityoffice@med.miami.edu) or send it directly to the address below.**

**APPLICATION DEADLINE IS MARCH 18, 2016**

UM - Office of Diversity – 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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