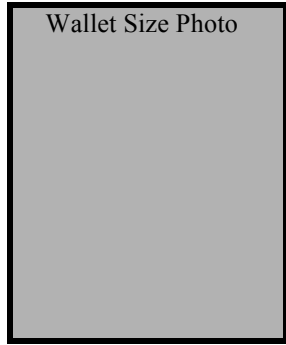


MCAT: Medical College Admission Test Preparation Program
APPLICATION DEADLINE IS MARCH 26, 2012



PLEASE PRINT OR TYPE

DATE: _____

Name: _____
(Last) (First) (Middle)

SSN: _____ - _____ - _____ Date of Birth: _____ Age: _____ Male: Female:

Local Address: _____ Permanent Address: _____

City: _____ State: _____ City: _____ State: _____

Zip: _____ Zip: _____

**After March 26th all correspondence from this office will be sent to your preferred mailing address.*

Preferred Mailing Address: Local Permanent

Cell Phone: () _____ Home Phone: () _____

E-mail Address: _____

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: () _____ Cell: () _____	Home: () _____ Cell: () _____

**UNIVERSITY
OF MIAMI**



Office of Academic Enhancement
5185 Ponce de Leon Boulevard
Pearson Residential College, Suite 144
Coral Gables, Florida 33146
Ph: 305-284-3187
Fax: 305-284-8155
www.miami.edu/oea



**UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE**

Office of Diversity and
Multicultural Affairs
Park Plaza West, Suite J
1611 NW 12th Avenue
Miami, Florida 33136
Ph: 305-243-6551
Fax: 305-243-5574

DESCRIPTIVE INFORMATION

U.S. Citizen? Yes No

If no, country of origin: _____

Permanent Resident? Yes No

For Data Purposes Only

- First-generation college student*
- Raised by single or divorced parent

* First-generation college student is defined as an individual neither of whose natural or adoptive parents received a baccalaureate degree

Ethnicity (X all that apply):

- Black/African American
- American Indian /Alaskan Native
- Hispanic/Latino
- Asian
- Multi-ethnic

Other: _____

Colleges/Universities Attended (*Indicates currently enrolled)

	Name	State	Major	Dates
*1				-
2				-
3				-

Class standing (by credit) at time of application: Junior Senior Post- Baccalaureate

TEST TAKEN – Data for most recent test taken:

SAT Yes No Year _____ Critical Reading/Verbal _____ Mathematics _____
 Writing Skills (if applicable) _____

ACT Yes No Year _____ Composite Score _____

MCAT Yes No Year _____ Verbal Reasoning _____ Physical Sciences _____
 Writing Samples _____ Biological Sciences _____

ACADEMIC BACKGROUND

Grade Point Average: Consult Registrar’s Office or your advisor for correct GPA calculation if you are not sure.

Undergraduate Science _____ Non-Science _____ Overall _____

*Graduate Science _____ Overall _____ (*If applicable)

Check your academic school year: Semester Trimester Quarter

Courses completed or in progress: (Use additional sheet, if necessary)

BIOLOGY

Title	Credit Hours	Letter /Numerical Grade	Title	Credit Hours	Letter /Numerical Grade

CHEMISTRY

MATHEMATICS

Title	Credit Hours	Letter /Numerical Grade	Title	Credit Hours	Letter /Numerical Grade

PHYSICS

OTHER SCIENCES

Title	Credit Hours	Letter /Numerical Grade	Title	Credit Hours	Letter /Numerical Grade

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

Graduate (Mo/Yr) _____ / _____

Have you ever participated in any academic Summer Program(s)? Yes No

Name of Program: _____ School/Institution: _____ City, State: _____

Name of Program: _____ School/Institution: _____ City, State: _____

Name of Program: _____ School/Institution: _____ City, State: _____

Have you currently applied for any other academic Summer Program(s)? Yes No

Name of Program: _____ School/Institution: _____ City, State: _____

Name of Program: _____ School/Institution: _____ City, State: _____

Name of Program: _____ School/Institution: _____ City, State: _____

FAMILY INFORMATION

Check your household income bracket:

- \$15,000 or below \$16,000 - \$25,000 \$26,000 - \$35,000 \$36,000 - \$50,000 \$50,000 – 75,000 76,000 – 100,000+

Number of people residing in household: _____

Father/Guardian

Name: _____

Home Phone: () _____

Cell Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

Country of Birth: _____

Living Deceased

Occupation: _____ Salary: _____

Education:

High School: _____

Technical School: _____

College: _____

Grad / Prof: _____

Mother/Guardian

Name: _____

Home Phone: () _____

Cell Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

Country of Birth: _____

Living Deceased

Occupation: _____ Salary: _____

Education:

High School: _____

Technical School: _____

College: _____

Grad / Prof: _____

Are there any family circumstances or special problems that would be useful for us to know in evaluating your application?

If so, please explain:

How did you find out about this program?

- Office of Academic Enhancement Office of Diversity & Multicultural Affairs/ Miller School of Medicine
 Poster/Flyer Recruiter/Counselor Information Session Student/Friend
 Magazine/Newspaper Website Other _____

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

Please describe any pertinent hospital or medical field experience in which you have been actively involved.

List any jobs you have had in the past three years during college and summers.

Job Title: _____ Employer: _____

Dates of Employment: _____ Hours/Week: _____

Job Title: _____ Employer: _____

Dates of Employment: _____ Hours/Week: _____

Job Title: _____ Employer: _____

Dates of Employment: _____ Hours/Week: _____

Job Title: _____ Employer: _____

Dates of Employment: _____ Hours/Week: _____

Dean of Students Recommendation

Applicant: *This form is intended as a confirmation of your good academic and disciplinary standing. Please complete Section I of this page. Give this form to the Dean of Students or similar official at the most recent institution you have attended to complete Section II of this form. Please return this completed form with your application packet.*

Section I (To be completed by student)

Please print or type.

Social Security or Student ID Number: _____

Student Name _____
Last First Middle Initial

Address _____
Street Apt. Number

City State ZIP Code

Date of Birth _____ / _____ / _____
Month Day Year Phone (____) _____

Student's Signature _____ Date _____

Section II (To be completed by Dean or similar official) Additional space is provided on back if needed.

Has this student been involved in any disciplinary action at your school, or are there any conduct cases pending? Yes No

Are there factors—academic, social, or other—that would interfere with this student's ability to make normal progress toward his/her degree? Yes No

If you answer yes to either question, please explain:

College/University _____ Phone (____) _____

E-mail address _____

Please print your name: _____ Title _____

Signature: _____ Date: _____

University of Miami
Office of Academic Enhancement

University of Miami
Miller School of Medicine
Office of Diversity and Multicultural Affairs

List your principal extracurricular and community activities in which you have been involved during your college years:

Activity:	Date of Participation:	Hrs. Wk:
Activity:	Date of Participation:	Hrs. Wk:
Activity:	Date of Participation:	Hrs. Wk:
Activity:	Date of Participation:	Hrs. Wk:

Will you be applying for a health professions school entry in the fall? Yes No

Please list the contact information for the three (3) college professors whom you will ask to write letters of recommendation on your behalf.

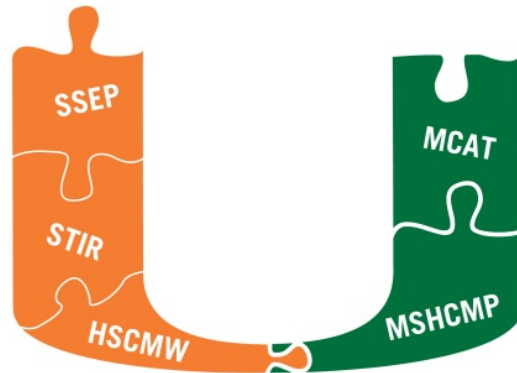
Name:	Position:
Address:	
Phone:	Email:
Name:	Position:
Address:	
Phone:	Email:
Name:	Position:
Address:	
Phone:	Email:

Your completed application packet must contain:

- Completed Application Form
- Official Transcript(s)
- Dean of Students Recommendation Form
- Personal statement, minimum of 400 words
- Letters of recommendation from three (3) college professors
- Wallet-Size Photo
- Proof of Health Insurance (Required)

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 all documents listed above must be received in order for my application to be considered.

Signature Printed Name Date



Return to:

MCAT Program

University of Miami Miller School of Medicine

Office of Diversity and Multicultural Affairs

ATTN: Nanette Vega, Director for Diversity and Multicultural Affairs

1611NW 12th Avenue Park Plaza West Suite J

Miami, FL 33101

Ph: 305-243-6551

Fax: 305-243-5574

www.miami.edu/miamimodel