Medical College Admission Test Preparation Program (MCAT)
APPLICATION DEADLINE IS FRIDAY MARCH 21, 2014

#

PLEASE PRINT CLEARLY WITH BLUE OR BLACK PEN OR TYPE (Pencil applications will not be accepted)

DATE: __________________________

Name: ________________________________ (Last) ________________________________ (First) ________________________________ (Middle)

SSN: _______ - _______ - _______ Date of Birth: __________________ Age: _____ Male: [ ] Female: [ ]

Attach a color copy of your Social Security Card (SSN) to this application

Local Address: _____________________________________ City: __________________________ State: ______________ Zip: ___________

Permanent Address: _________________________________ City: __________________________ State: ______________ Zip: ___________

*All correspondence from this office will be sent to the email address provided.

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: ________________________________ Address: ________________________________

City: __________________________ State: ______________ Zip: ___________

Name: ________________________________ Address: ________________________________

City: __________________________ State: ______________ Zip: ___________

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

Office of Academic Enhancement
5185 Ponce de Leon Blvd
Pearson Residential College, Suite 144
Coral Gables, Florida 33146
305-284-3187
305-284-8155
www.miami.edu
www.miami.edu/hsworkshop
MCAT: Medical College Admission Test Preparation Program - APPLICATION DEADLINE IS FRIDAY MARCH 21, 2014

#

DESSCRIPTIVE 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)

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<tr>
<th>Name</th>
<th>State</th>
<th>Major</th>
<th>Dates</th>
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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

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<th>Letter /Numerical Grade</th>
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## CHEMISTRY

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## MATHEMATICS

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## PHYSICS

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## OTHER SCIENCES

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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: ________________
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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 concerns 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.

Student Name

Last
First
Middle Initial

Address
Street
Apt. Number

City
State
ZIP Code

Date of Birth _______ / _______ / ______
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: ______________________________________

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

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<th>Name:</th>
<th>Position:</th>
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<tr>
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<tr>
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</tbody>
</table>

Phone:
Email:
Phone:
Email:
Phone:
Email:

Your completed application packet must contain:

☐ Completed Application Form with all requested documents
☐ 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
☐ Color copy of Social Security Card
☐ 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.

I understand that incomplete and late applications will not be reviewed

Signature
Printed Name
Date
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APPLICATION DEADLINE IS FRIDAY MARCH 21, 2014
NO LATE APPLICATIONS WILL BE ACCEPTED

ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED

Your completed application packet must contain:

☐ Completed Application Form
☐ Official Transcript(s)
☐ Dean of Students Recommendation Form
☐ Personal statement, minimum of 400 words
☐ Letter of recommendation from a science instructor
☐ Letters of recommendation from a 3 College Professors
☐ Wallet-Size Photo
☐ Proof of Health Insurance (Required)
☐ Color copy of Social Security Card (SSN)

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
1611 NW 12th Avenue Park Plaza West Suite J
Miami, FL 33136
Ph.: 305-243-6551
Fax: 305-243-5574
www.miami.edu/miamimodel