Missouri State University Premedical Committee
2014/2015

Application to the Premedical Committee

Instructions

1. Submit a copy of your MCAT scores to Dr. Rich Garrad, Chair of the Premedical Committee (Professional 345; richgarrad@missouristate.edu). Based on your MCAT scores and your MSU academic record, Dr. Garrad will determine your eligibility for a Premedical Committee interview. The committee will not interview students whose academic record is likely to preclude admission to medical school.

2. If you are advised that you are eligible for a committee interview, prepare an application packet consisting of the following items:
   - Completed Request for Premedical Committee Interview (attached). Be sure to attach a current photograph of yourself.
   - Completed and signed Student Personal History/Profile (attached). Create a neat, accurate and typed form. Your personal statement presents an opportunity to distinguish yourself from other applicants and should be taken seriously.
   - Completed and signed Waiver form for the committee evaluation (attached).
   - Two completed and signed Requests for Evaluation/Recommendation (attached). Leave the “name of evaluator” blank on these forms.
   - At least one completed and signed Doctor Shadowing Verification Form (attached).
   - Copies of all MCAT scores.
   - Unofficial copies of all college academic transcripts.

3. Make an appointment to meet with Dr. Garrad (richgarrad@missouristate.edu 836-5372). Prior to this meeting send an electronic copy of your application, your transcript, your shadowing verification forms and your MCAT scores. At the meeting Dr. Garrad will help select your two MSU faculty evaluators for one-on-one interviews. Typically, one evaluator will be somebody you know who is a pre-medical advisor and the other evaluator will be a faculty member who is familiar with premedical studies and who may or may not know you. Members of the Premedical Committee can, and frequently do, serve as evaluators. You will keep the two Request for Evaluation/Recommendation forms to give to your evaluators.

4. Dr. Garrad will confirm with you the selected evaluators and then you should contact each person and make a 45-minute appointment for a one-on-one interview. Once the individual interviews have been confirmed contact Dr. Garrad and he will make sure each interviewer has copies of the following items from your premedical committee application packet:
   - Student Personal History/Profile
   - Doctor Shadowing Verification Form(s)
   - MCAT scores
   - Academic transcripts (unofficial)
At the time of the interview you must provide your evaluator with the completed and signed
Request for evaluation/Recommendation. The waiver on this form must be completed and
signed by you before the interview commences.

5. As soon as your application is complete (all materials listed under item #2 plus the two personal
evaluations), a committee interview will be scheduled. Committee interviews are conducted by
a subset of the Premedical Committee (usually 4 members) and typically last 45 minutes. After
the interview is over, the Committee members who were present at the interview will discuss
your credentials and will select a level of recommendation from the following list:
• Recommended enthusiastically
• Recommended highly
• Recommended
• Recommended with reservations
• Not recommended
If upon learning of the outcome you wish to proceed with your application, two members of the
Premedical committee will draft a detailed letter of recommendation that high-lights your
strengths within the context of our overall level of recommendation.
Missouri State University Premedical Committee

Request for Premedical Committee Interview

Instructions: Complete only the top portion of this form and attach a current photograph where indicated. Bring this form and all other components of the Premedical Committee Application packet with you to your first meeting with the Chairperson of the Premedical Committee (Dr. Garrad, Professional 345).

Name ____________________________  ____________________  ________

          Last                  First                     Initial

Local Address ____________________________  ____________________  ____

          Street         City                        Zip

Local Phone No. ____________________________  MSU ID (M-number) ____________________________

Advisor ____________________________  Academic Department ____________________________

E-mail Address: ____________________________________________________________

For Premedical Committee Use

_____ Student Personal History/Profile received

_____ Transcript(s) received

_____ MCAT scores received

_____ Written Evaluation/ Recommendation received

Names of Evaluators: ____________________________, ____________________________

_____ Student is eligible for committee evaluation/recommendation

_____ Student notified of interview status

_____ Interview scheduled:

Date ____________________________

Time ____________________________

Place ____________________________

Attach

Photo

Here
Missouri State University Premedical Committee

Student Personal History/Profile

Instructions: Please open this form in MS Word and type the requested information. Do not simply print this form and provide the information as attachments.

A. Personal Data

Last Name ___________________ First ___________________ MI __________

MSU ID (M-number) ___________________ Date of Birth ___________________

Place of Birth ___________________ City _______ State _______ Zip _______

Local Address ___________________ Street _______ City _______ Zip _______

Local Phone: ___________ E-mail: ____________________________

B. Pre-Collegiate Experience

Provide the name(s) of the high school(s) you attended, the city and the state in which they were located, and the years attended.

<table>
<thead>
<tr>
<th>High School name</th>
<th>City</th>
<th>State</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. Collegiate Activities

a. List all colleges and universities (other than Missouri State University) that you attended, location and dates attended.

<table>
<thead>
<tr>
<th>College or University name</th>
<th>City</th>
<th>State</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. How many semesters have you attended Missouri State University including the present semester? _____

c. In the space below, list any professional, honor and/or social organizations to which you belong.

d. List and describe any activities, curricular or extra-curricular, and/or honors which you have received that you feel have contributed to your personal development. Please include years of participation.
D. **Work Experience**

List prior/current employment that you think is relevant to your medical school application. Provide a job description, number of hours worked each week, and the date of employment.

<table>
<thead>
<tr>
<th>Place of Employment</th>
<th>Description</th>
<th>Hours/week</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E. **Volunteer Experience**

List prior/current volunteer work that you think is relevant to your medical school application. Provide a job description; number of hours worked each week, and the date of employment.

<table>
<thead>
<tr>
<th>Place of Volunteer Work</th>
<th>Description</th>
<th>Hours/week</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F. **Shadowing Experience**

List all shadowing experiences.

<table>
<thead>
<tr>
<th>Physician Shadowed</th>
<th>Doctor’s specialty/ hospital affiliation/city</th>
<th>Dates</th>
<th># of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G. **Reading**

List books/papers/journals read in the past 2-3 years that are related to your interest in medicine.
H. Shadowing Experience Statement.

Write a short essay (350-500 words) on your shadowing experiences. This should be a personal account. Your account should describe what you learned from this experience and could include some of the following: descriptions of your activities; descriptions of the physician’s daily activities; descriptions of memorable incidents; descriptions of the roles and responsibilities of all the members of the health care team you observed; observations related to the physician-patient interactions; observations related to the physician-nurse or physician-staff interactions; and how you felt about the experience.
I. Personal Statement

This statement should reflect on your interest in medicine as a career. Be biographical and provide relevant information about your achievements. Include a statement about your future aspirations and what you hope to be doing in ten years. This statement should be at least one page in length but no longer than two pages. This may be the same as or similar to the statement that you use on your AMCAS or AACOMAS application.

I verify that the information on this form is true to the best of my knowledge.

________________________________________________      ______

Signature

Date
Waiver

In accordance with the Family Educational Rights and Privacy Act, I understand that I may voluntarily waive my right to inspect or view the letter of evaluation/recommendation prepared by the Premedical Committee of Missouri State University that will be submitted to the medical schools of my choice. I further understand that if I waive my right to inspect or view this letter such action is irrevocable, and I will not be permitted to view or otherwise obtain any information contained in this letter. I recognize that a waiver is not a requirement for consideration of my application or any other services from Missouri State University.

☐ I waive my right to inspect or view this letter.

☐ I decline to waive my right to inspect or view this letter.

______________________________  ________________________________
Name (Please print)                                         MSU ID (M-number)

______________________________  ________________________________
Signature                                                    Date
Missouri State University Premedical Committee

Request for Evaluation/Recommendation

To be completed by the student:

<table>
<thead>
<tr>
<th>Student's Last Name</th>
<th>First</th>
<th>MI</th>
<th>MSU ID (M-number)</th>
</tr>
</thead>
</table>

| Major | Advisor |

Waiver
(Please check the appropriate box and sign)

I recognize that this evaluation/recommendation is sought for the purpose of presenting to medical schools an accurate evaluation/recommendation. In accordance with the provisions of the Family Educational Right and Privacy Act, I **waive** ☐ **do not waive** ☐ my right of access to this evaluation/recommendation. I recognize that a waiver is not a requirement for consideration of my application or any other services from Missouri State University.

| Signature of student | Date |

Dear ____________________________:

_Name of evaluator_

The student whose name appears above intends to apply for admission to a medical school and has chosen you to provide an evaluation/recommendation. Each student requesting this evaluation/recommendation has been instructed to ask for an evaluation/recommendation from an individual who is willing to interview the student and make significant comments to the Premedical Committee. The student has been requested to set up a 20 to 30 minute interview with you to assist you in writing this evaluation/recommendation. Our goal is to supplement the student’s academic record and to assist the admissions officers of medical schools in making difficult choices. Your candid evaluation/recommendation regarding this student will be greatly appreciated.

Provided that the student has waived access to your evaluation/recommendation, this evaluation/recommendation will be held in strict confidence and used only in the student’s application for admission to medical school.

You will be provided with a form containing some standard questions and to which your written evaluation should be attached. Please return this form to Dr. Rich Garrad, Biomedical Sciences Department, or as an email attachment (richgarrad@missouristate.edu). Thank you for your time.
Missouri State University Premedical Committee

Request for Evaluation/Recommendation

To be completed by the student:

____________________________  ________________  _______  ________
Student’s Last Name  First  MI  MSU ID (M-number)

____________________________  ___________________________
Major  Advisor

Waiver
(Please check the appropriate box and sign)

I recognize that this evaluation/recommendation is sought for the purpose of presenting to medical schools an accurate evaluation/recommendation. In accordance with the provisions of the Family Educational Right and Privacy Act, I waive [ ] do not waive [ ] my right of access to this evaluation/recommendation. I recognize that a waiver is not a requirement for consideration of my application or any other services from Missouri State University.

____________________________  ___________________________
Signature of student  Date

Dear ____________________________:

Name of evaluator

The student whose name appears above intends to apply for admission to a medical school and has chosen you to provide an evaluation/recommendation. Each student requesting this evaluation/recommendation has been instructed to ask for an evaluation/recommendation from an individual who is willing to interview the student and make significant comments to the Premedical Committee. The student has been requested to set up a 20 to 30 minute interview with you to assist you in writing this evaluation/recommendation. Our goal is to supplement the student’s academic record and to assist the admissions officers of medical schools in making difficult choices. Your candid evaluation/recommendation regarding this student will be greatly appreciated.

Provided that the student has waived access to your evaluation/recommendation, this evaluation/recommendation will be held in strict confidence and used only in the student’s application for admission to medical school.

You will be provided with a form containing some standard questions and to which your written evaluation should be attached. Please return this form to Dr. Rich Garrad, Biomedical Sciences Department, or as an email attachment (richgarrad@missouristate.edu). Thank you for your time.
Student’s Name: __________________________________________________________
Name of Dr. Shadowed: ____________________________________________________
Doctor of: _______________________________________________________________
Name of Hospital, Office, etc. ______________________________________________
Date/s: __________________________________________________________________
Duration (total in hours): _________________________________________________
Activity of Shadow (Office, OR, etc.) and brief description of what student did/learned:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Please comment on the student’s performance regarding punctuality, professionalism, motivation and suitability for medical school and a career as a physician:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature: ___________________________ Doctor Signature: __________________
Date: ______________________________________