Date: OSU Student ID#:

PHHS Premedical Student Information Sheet

(To be completed during the year in which you apply.)

Name:	Phone :	_
Home Address:	Email:	
<u> </u>	(non-ONID if graduating)	
Applying: (MD) AMCAS ID#:	Major:	
Year you intend to apply to medical school:		_
What date did you (or do you intend to) take the MCAT	?	_
How will you/did you prepare?		_
Scores (if known)		_
Cumulative GPA (to date)	Science (BCPM) GPA:	
Signatures from members of the Premedical Committee	9:	
Premed Advisor's Signature:		
*Pre-Med Committee Member if GPA < 3.2 and/or MCA Names of those who have agreed to write letters:	\T <:	_
☐ (science)(MD/DO)		
☐ Major Professor(s)		
Schools you know you will be applying to:		_
		_

Use this space for any additional information you wish the Committee to know that is not on your AMCAS application.

Date:	OSU Student ID#:
Additional information for (n	ame):
	ary coursework for the MCAT before taking the exam (general y, physics, and at least 3 or 4 liberal arts courses)?
Do you work during the school year? What do you do in this job?	?YesNo
Please specify hours per week:	
3. List all research experience:	
4. List all medical experience (such as	volunteer work, observation, etc.):
5. List all your activities, hobbies, etc.:	
6. How do you spend your summers?	
7. Ethnicity (optional):Caucasian Alaska NativeHispanicAsiar	Black/African AmericanAmerican Indian n/Pacific IslanderOther
8. Did you come from an "educationally	y disadvantaged" background? (If yes, explain).
9. If you have anything which may com	ne up on a criminal background check, please explain.
10. What makes your application stand	out from the others? (How are you unique? What are your greatest

strengths?)