Oregon State University  
College of Public Health and Human Sciences  
Pre-Med Initial Interest Form

Name: ________________________________  Date: ________________

Personal pronouns: ____________________ Student ID: ______________________

ONID email username: _________________ Major/(option): _____________________

Yr. in school: ________________

OSU GPA: ____________ Transfer GPA: _________ Cumulative GPA: _________

Course completed, grade, and if transferred from Community College:

<table>
<thead>
<tr>
<th>Courses</th>
<th>grades</th>
<th>transferred?</th>
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</thead>
<tbody>
<tr>
<td>BI 221, BI 222, BI 223</td>
<td>______</td>
<td>____________</td>
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<tr>
<td>Or BI 211, 212, 213 (or equiv).</td>
<td>______</td>
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<tr>
<td>CH 231/261, 232/262, 233/263</td>
<td>______</td>
<td>____________</td>
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<tr>
<td>Or equivalent</td>
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<td>____________</td>
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<tr>
<td>CH 331, CH 332, CH337</td>
<td>______</td>
<td>____________</td>
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<td>Or equivalent</td>
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</table>

Other Sciences courses completed/grade:

____________________________________________________________________

To determine your base knowledge of the medical field please respond to the following questions:

Do you understand the difference between allopathic and osteopathic medicine? ________

If so, are you drawn to a particular path? ____________

Have you had any direct exposure to the medical field? ____________________________

If so, where and when?

On a scale of 1-10, what is your personal desire to pursue medicine? ____________

Aside from “wanting to help people,” why do you want to become a doctor?

What hobbies or passions do you like to pursue?

____________________________________________________________________

Have you had any international exposure? ________

Is so where? ____________________________

Thank you!!! Please send to Angela.Philmus@oregonstate.edu or drop off at Women's Building 105