

Last name

First

Middle

Address

City

State

Zip

Phone number

Z number

Email

DOB: MM DD YYYY

List all colleges attended starting with the most recent.

School

Dates Attended

GPA

Degree

Test name

Score

Date

Test name

Score

Date

Please list up to 15 work and extra-curricular activities, awards, honors, or publications you'd like to bring to the attention of the committee.

0XOWL OLQH WH[W ILHOGV EHZRZ ZLWK VFUROOLQJ IXQFWLRQDOLW\

Extracurriculars (Con't)

Choose three of the above

Personal Statement

Please attach the personal statement you intend to submit to the Medical/Dental School of your choice.

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List two people who have provided you with feedback on your personal statement. In just a few words, explain why you felt they could provide helpful advice on the statement.

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References

List the names and addresses of three references who will be submitting letters of evaluation for you (preferably teachers or professors you know well). Letter writers can submit reference letters directly to Elizabeth Pollock at the address below.

Return form to:

Elizabeth Pollock – USC1 - 215
101 Vera King Farris Dr.
Galloway, New Jersey 08205

Elizabeth.Pollock@stockton.edu

AGREEMENT

In order for Stockton University to assist me completely and effectively in gaining admission to schools of health profession education, I hereby knowingly and willingly waive any right of access of confidential letters or memoranda of recommendation received by the Stockton University Health Professions Committee, and further waive any right of access to letters or memoranda of recommendation sent in or given at my request by the said Committee to schools of health profession education to which I am applying for admission at the time of application or at any time thereafter.

I understand that I may request a list of persons supplying letters of recommendation submitted to the Committee or given by the Committee in regard to my application for admission to schools of health profession education.

I, the undersigned, have read this waiver and understand its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have signed the ____ day of _____, 20____.
