Missouri State University Application for Premedical Committee Interview

# Premedical Committee Chair and Contact Information

Dr. Matthew R. Siebert

Chair of the Premedical Committee

Missouri State University

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# Process Overview

## Preliminary Request for Interview

Electronically transmit the following to the committee chair:

* MCAT scores
* MSU M-number

Based on your MCAT scores and your MSU academic record, the committee chair will determine your eligibility for interview. The committee will not interview students whose academic record is likely to preclude admission to medical school.

## Complete the Premedical Committee Application for Interview

Once your eligibility for committee interview has been verified by the committee chair, complete this application package. The application packet consists of the following items:

* Student Request for Premedical Committee Interview
* Student Personal History/Profile
* Waiver for Committee and Individual Evaluations
* Copies of all MCAT scores (as a separate attachment)
* Unofficial copies of all college academic transcripts (as a separate attachment)

Electronically transmit the complete application package to the committee chair and an appointment will be arranged.

## Committee Chair Initial Meeting

The purpose of your initial meeting with the chair is to:

* Introduce yourself to the chair
* Discuss the role of the chair in the interview process
* Discuss your committee interview application
* Select one-on-one interviewers

At your meeting, the committee chair will ask you a few questions to get to know you and your goals for attending medical school. The committee chair will review your application with you and give you some feedback about it. Lastly, the committee chair will help select your two MSU faculty evaluators for one-on-one interviews.

## One-on-One Interview

After your one-on-one interviewers are selected, it is your responsibility to:

* contact each person
* notify the committee chair once both interviews are complete

One-on-one interviews are typically 45-minute appointments. The interviewer will have access to the materials your previously provided to the committee chair (i.e., the application for interview, MCAT scores, academic transcripts, etc). Please note that in the application material below, there is a waiver that you must complete to protect the integrity of the one-on-one interview process.

## Scheduling the Committee Interview

After you have completed your individual interviews and the committee chair has received the evaluations from the one-on-one interviews, the committee chair will seek to schedule a committee interview. Note: this process requires coordination of faculty schedules as well as yours, which can be quite challenging (so to what extent you can be flexible, please do – and if there are unacceptable meeting times, please communicate those to the chair as early as possible).

## Committee Interview

Committee interviews are conducted by a subset (four members) of the full premedical committee. They typically last 45 minutes. After the interview is over, those committee members present at the interview will discuss your credentials and select a level at which to recommend you from the following:

* Enthusiastically Recommend
* Highly Recommend
* Recommend
* Recommend with reservations
* Not recommended

The level at which you are recommended will be communicated to you by email from the committee chair soon after your interview (typically later the same day). At this point, the committee chair will hold progress until you have confirmed that you would like to make use of the committee letter (inform the committee chair by email). At that point, two members of the premedical committee will draft and approve a detailed letter of recommendation that highlights your strengths within the context of our overall level of recommendation.

# Notice

Before emailing this complete application package to the premedical committee chair. Remove this page of instructions, as well as the previous page so that your document begins with the next section (“Cover Sheet”).

# Cover Sheet

|  |
| --- |
| Insert Picture Here |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
|  | *Last* | *First* | *Initial* |

|  |  |  |  |
| --- | --- | --- | --- |
| Local Address: |  |  |  |
|  | *Street* | *City* | *Zip* |

|  |  |  |  |
| --- | --- | --- | --- |
| Local Phone No: |  | MSU ID (M-number): |  |
| Academic Advisor: |  | Academic Department: |  |
| Premedical Advisor: |  | Graduation Date: |  |
| MCAT Score:a |  | MSU GPA:b |  |
| E-mail Address: |  |

aAs a separate attachment (or attachments) include a *picture* of all MCAT scores *including subsection scores*.

bAs a separate attachment (or attachments) include *PDF formatted* unofficial transcripts of college coursework from all institutions.

# 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. Add lines to the table as necessary.

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| --- | --- | --- | --- |
| High School name | City | State | Years |
|  |  |  |  |

# Collegiate Activities

## Colleges Attended

List all colleges and universities that you attended, location and dates attended. Add lines to the table as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| College or University name | City | State | Years |
|  |  |  |  |

## Missouri State University Attendance

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

## Organization Membership and Leadership Experience

In the space below, list any professional, honor and/or social organizations to which you belonged during your college career. Indicate any that included leadership experience. Add lines as necessary.

* Item 1

## Curricular and Extracurricular Activities or Honors

List and describe any activities, curricular or extracurricular, and/or honors which you have received that you feel have contributed to your personal development. Please include years of participation. Indicate any that included leadership experience. Add lines as necessary.

* Item 1

# Work Experience

List prior/current employment that you think is relevant to your medical school application. Provide a job description, approximate average number of hours worked each week, and the approximate dates of employment (MM/YY). Add lines to the table as necessary.

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| --- | --- | --- | --- |
| Place of Employment | Description | Hours/week | Dates |
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# Volunteer Experience

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

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| --- | --- | --- | --- |
| Place of Volunteer Work | Description | Hours/week | Dates |
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# Shadowing Experience

List all shadowing experiences. Add lines to the table as necessary.

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| --- | --- | --- | --- |
| Physician Shadowed | Doctor’s specialty/ hospital affiliation/city | Dates | No. of Hours |
|  |  |  |  |
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# Reading

List books/papers/journals read in the past 2-3 years that are related to your interest in medicine. Add items as needed.

* Item 1

# Shadowing Experience Statement.

In the box below, prepare a short essay focused on your shadowing experiences. Use Garamond font, 12 pt, single spaced (note: you may choose to prepare and Copy/Paste text into the box, but please properly format your text). It should be a personal account and should describe what you learned from this experience. It 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
* how you felt about the experience

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# Personal Statement

In the box below, prepare a short essay focused on your interest in medicine as a career. Use Garamond font, 12 pt, single spaced (note: you may choose to prepare and Copy/Paste text into the box, but please properly format your text). This essay should 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 may be the same as, or similar to, the statement that you use on your AMCAS or AACOMAS application.

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# Verification of Truth in Reporting

Through placement of my initials in the box below, I hereby certify that the information on this form is true and correct to the best of my knowledge.

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| --- | --- | --- | --- |
| *Initials:* |  | *Date (MM/DD/YYYY):* |  |

# Waivers for Evaluations

## Individual Evaluations (Letter)

Pertaining to BOTH individual (one-on-one) interviews:

In accordance with the Family Educational Rights and Privacy Act (FERPA), I understand that I may voluntarily waive my right to inspect any letter of evaluation/recommendation prepared by the individual interviewer for internal use of the Premedical Committee at Missouri State University. I understand that confidentiality of such a letter will ensure candor on behalf of the interviewer, valued by the Premedical Committee in its preparation of a fair and honest letter 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 any letter of evaluation/recommendation. |
|[ ]  I ***decline*** to waive my right to inspect or view any letter of evaluation/recommendation. |

Through placement of my initials in the box below, I hereby certify my selection pertaining to the inspection of any letter of evaluation/recommendation prepared by BOTH individual interviewers for internal use of the Premedical Committee at Missouri State University.

|  |  |  |  |
| --- | --- | --- | --- |
| *Initials:* |  | *Date (MM/DD/YYYY):* |  |

## Committee Evaluation (Letter)

In accordance with the Family Educational Rights and Privacy Act (FERPA), 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. |

Through placement of my initials in the box below, I hereby certify my selection pertaining to the inspection of any committee letter generated by the Premedical Committee of Missouri State University.

|  |  |  |  |
| --- | --- | --- | --- |
| *Initials:* |  | *Date (MM/DD/YYYY):* |  |