

# 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](mailto: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: \_\_\_\_\_

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### 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

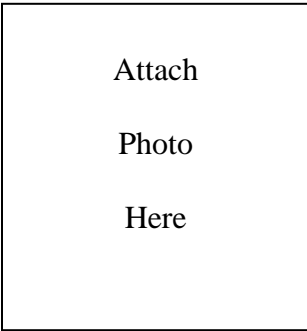
\_\_\_\_ Student notified of interview status

\_\_\_\_ Interview scheduled:

Date \_\_\_\_\_

Time \_\_\_\_\_

Place \_\_\_\_\_



# 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.

High School name	City	State	Years

**C. Collegiate Activities**

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

College or University name	City	State	Years

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.

Place of Employment	Description	Hours/week	Dates

**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.

Place of Volunteer Work	Description	Hours/week	Dates

**F. Shadowing Experience**

List all shadowing experiences.

Physician Shadowed	Doctor's specialty/ hospital affiliation/city	Dates	# of hours

**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.

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*Signature*

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*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.

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*Name (Please print)*

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*MSU ID (M-number)*

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*Signature*

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*Date*

# Missouri State University Premedical Committee

## Request for Evaluation/Recommendation

To be completed by the student:

_____	_____	_____	_____
<i>Student's Last Name</i>	<i>First</i>	<i>MI</i>	<i>MSU ID (M-number)</i>
_____		_____	
<i>Major</i>	<i>Advisor</i>		

<b>Waiver</b> (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 <b>waive</b> <input type="checkbox"/> <b>do not waive</b> <input type="checkbox"/> 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.	
_____	_____
<i>Signature of student</i>	<i>Date</i>

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](mailto: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*

<b>Waiver</b> (Please check the appropriate box and sign)	
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_____ <i>Signature of student</i>	_____ <i>Date</i>

Dear \_\_\_\_\_:  
*Name of evaluator*

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**Doctor Shadowing Verification Form**  
**Missouri State University**  
**Pre-Medical Committee**

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:

\_\_\_\_\_  
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\_\_\_\_\_

Student Signature: \_\_\_\_\_ Doctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_