**Missouri State University Premedical Committee**

**Application to the Premedical Committee**

**Instructions**

1. Submit a copy of your MCAT scores to Dr. Matthew Siebert, Chair of the Premedical Committee (Temple Hall 408; MSiebert@MissouriState.edu). Based on your MCAT scores and your MSU academic record, Dr. Siebert 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. Submit this application to Dr. Siebert (Temple Hall 408; MSiebert@MissouriState.edu). The application packet consists 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. Siebert. 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. Siebert 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. Siebert 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. Siebert 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 45-60 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 page and insert a current photograph where indicated. Email this form and all other components of the Premedical Committee Application packet to the Chairperson of the Premedical Committee (Dr. Siebert, Temple 408).

Name

*Last First Initial*

Local Address

*Street City Zip*

Local Phone No.

MSU ID (M-number)

Advisor

Academic Department

E-mail Address:

**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

Attach Photo Here

Interview scheduled: Date

Time Place

Attach Photo Here

**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.

*Signature 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.

*Name (Please print) MSU ID (M-number)*

*Signature Date*

*Student's Last Name First MI MSU ID (M-number)*

*Major Advisor*

**Waiver**

**(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 waive**

**do not waive** 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.

*Signature of student Date*

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 30 to 45 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. Matthew Siebert, Chemistry Department, or as an email attachment ([MSiebert@MissouriState.edu](mailto:MSiebert@MissouriState.edu)). Thank you for your time.

*Student's Last Name First MI MSU ID (M-number)*

*Major Advisor*

**Waiver**

**(Please check the appropriate box and sign)**

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Dear

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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 30 to 45 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. Matthew Siebert, Chemistry Department, or as an email attachment ([MSiebert@MissouriState.edu](mailto:MSiebert@MissouriState.edu)). Thank you for your time.

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:

Student Signature:

Doctor Signature:

Date: