

PART II: INFORMATION FOR THE HEALTH PROFESSIONS COMMITTEE
Please complete this form and return in person to: Dr. Craig Woodworth, Room 210 Science Center

Full Name (Print): _____ Date: _____ Age: _____

Student Number: _____ State of Legal Residence: _____

Home Address: _____ Home Phone: _____

Local Address: _____ Local Phone: _____

Local E-Mail Address: _____ Other email address _____

Date of Expected Graduation from Clarkson: _____ Date of Proposed Entrance to School: _____

Major(s): _____ Academic Advisor(s): _____

G.P.A. to Date: _____ Science G.P.A. to Date: _____

Institutional Action: Please indicate whether you the recipient of any action (e.g., dismissal, disqualification, suspension, etc.) by Clarkson University or another college for: (1) unacceptable academic performance, or (2) conduct violation? If you respond YES, please explain fully and indicate how you have dealt with this violation. Medical schools will expect you to answer this question truthfully on the AMCAS application and provide all relevant information. You must answer this question YES if you were ever the recipient of any institutional action resulting from unacceptable academic performance or a conduct violation, even if such action did not interrupt your enrollment or require you to withdraw.

_____ YES _____ NO

List the faculty that you have chosen to fill out evaluation forms about your qualifications for professional school (they must agree to write the letter of evaluation).

TITLE, FULL NAME	POSITION	DEPARTMENT
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

SAT Scores

Math Verbal TOTAL

ACT Scores

Science Math English Reading Composite

List course number, grade, and instructor for each course in the following categories (identify courses taken at other universities); include courses attempted but not completed (i.e. with a grade of W; WP; or I). Include courses that you are registered for this fall term and also include courses that you expect to take the spring term (do not list instructors for the spring classes).

CHEMISTRY

NUMBER	GRADE	INSTRUCTOR	NUMBER	GRADE	INSTRUCTOR
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PHYSICS / MATHEMATICS / STATISTICS

NUMBER	GRADE	INSTRUCTOR	NUMBER	GRADE	INSTRUCTOR
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BIOLOGICAL SCIENCES

NUMBER	GRADE	INSTRUCTOR	NUMBER	GRADE	INSTRUCTOR
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please explain any unusually light credit-hour loads (less than 15 credits), why you dropped a course, or sudden drop in academic performance:

ACTIVITIES, EMPLOYMENT, VOLUNTEER EXPERIENCE, AWARDS (COLLEGE ONLY)

Directions: Please try to confine your listing of activities to one page. Identify each activity by giving the full name of the organization, list offices or positions held, and type of involvement. List activities starting with the fall term of your first year in college. Please indicate the dates (years) and the number of hours or weeks that you have been involved in this activity. If appropriate, please indicate if this was a one or two day event.

UNIVERSITY:

COMMUNITY:

EMPLOYMENT:

HEALTH CARE EXPERIENCE:

LIST HONORS OR AWARDS YOU HAVE RECEIVED (INCLUDE DATES):