

Advisor Student
Applicant Portfolio
(A.S.A.P.)

Prepared by the

HEALTH PROFESSIONS ADVISING OFFICE
7332C Stevenson Center
Box 1533, Station B
Vanderbilt University
Nashville, TN 37235
(615) 322-2446

PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

1. Separate the application material packet **carefully**.
2. Type or print **plainly**.
3. Complete the Background Information Section (p. 1-8) **USE ONLY THE SPACE AVAILABLE**
4. Make at least **4 copies** of the Background Information Section to be distributed as follows:
 - ▮ Original to Health Professions Advising Office to open your file.
 - ▮ One copy for your file.
 - ▮ One copy for each of your three faculty recommenders.
5. Carefully read the Health Professions Advising Office policy regarding letters of evaluation (p. 9). After you have read the policy, sign, and date.
6. Carefully read the Health Professions Advising Office Policy regarding the Family Education Rights and Privacy act of 1974 (p. 10). After you have read the statement, **check the appropriate place**, sign and date.
7. Return original Background Information Section (p.1-8) signed Health Professions Advising Office Policy (p. 9) and the signed and dated Family Education Rights and Privacy Act (p. 10) to the Health Professions Advising Office by January 15. This will open your file.
8. Complete the list of Recommenders (p. 11), make a copy for your file and return to the Health Professions Advising Office as soon as possible but **NO LATER THAN THE DATE INDICATED**.
9. Complete the list of schools to which you want committee letters to be sent (p. 12) and return to Health Professions Advising Office as soon as you complete your application.

The last four pages are request for letters of evaluation from faculty.

- a. **PRINT** your name, date, type of school you are applying to, **check the appropriate place**, sign, and date.
- b. To each evaluator give one copy of your Background Information and one copy of the signed request for evaluation.
- c. The evaluator will complete the form and return it along with the letter of evaluation the Health Professions Advising Office.

BACKGROUND INFORMATION

In order for the Health Professions Advising Office to open an official application file for you, you must return this completed form by **January 15**. **A photograph is also required. No photo, no file.**

***** BIOGRAPHICAL *****

NAME: _____

1. NAME/NICKNAME YOU PREFER: _____

PLACE

2. SOCIAL SECURITY #: _____

PHOTO

3. EXPECTED DATE OF GRADUATION: _____

HERE

4. DEGREE TO BE EARNED: _____

5. MAJOR: _____

6. YEAR OF APPLICATION: _____

7. CAREER GOAL: Medical, Dental, Veterinary, MD/PhD, Other (Specify) _____

8. DATE OF BIRTH: _____

9. VANDERBILT P.O. BOX NUMBER: _____

10. PERMANENT ADDRESS: _____
Street Address City State Zip

E-MAIL ADDRESS: _____

11. Home Telephone: _____ Local Telephone: _____

12. PARENTS' & SIBLINGS' OCCUPATIONS (Please give institution granting M.D. degree if relative is a physician):

Father: _____ Mother: _____

Siblings: _____

13. PLEASE LIST BELOW THE YEAR TAKEN AND YOUR LECTURER IN EACH OF THE FOLLOWING COURSES:

	YEAR	INSTRUCTOR	GRADE		YEAR	INSTRUCTOR	GRADE
Chem 102a	_____	_____	_____	Chem 102b	_____	_____	_____
Chem 220a	_____	_____	_____	Chem 220b	_____	_____	_____
BioSci 110a	_____	_____	_____	Biosci 110b	_____	_____	_____
Physics 117a	_____	_____	_____	Physics 117b	_____	_____	_____

14. DATE ON WHICH MCAT WAS (WILL BE) TAKEN: _____

15. IF YOU HAVE ATTENDED A COLLEGE OTHER THAN VANDERBILT, LIST COURSES AND GRADES. IF MORE SPACE IS NEEDED USE ADDITIONAL SHEET.

Name of this college? _____

16. TOTAL SEMESTER HOURS EARNED AT VU: _____

TOTAL QUALITY POINTS: _____ GPA AT VANDERBILT: _____

LIST GPA EARNED EACH SEMESTER AND SUMMER AT VU:

1 st	_____	1 st	_____	Summer	_____	3 rd	_____
4 th	_____	5 th	_____	Summer	_____	6 th	_____
7 th	_____	8 th	_____	Summer	_____		

17. THE FOLLOWING QUESTION APPEARS ON THE AMCAS APPLICATION:

“WERE YOU EVER THE RECIPIENT OF ANY ACTION (e.g., DISMISSAL, DISQUALIFICATION, SUSPENSION, ETC.) BY ANY COLLEGE OR MEDICAL SCHOOL FOR UNACCEPTABLE ACADEMIC PERFORMANCE OR CONDUCT VIOLATIONS? IF ‘YES’ EXPLAIN FULLY IN THE ‘PERSONAL COMMENTS’ SECTION (PAGE...)”

YES _____ NO _____

If you must answer yes to this question, please attach a statement of particulars about the situation and discuss the matter fully with Dr. Tom Oeltmann.

***** HIGH SCHOOL *****

18. HIGH SCHOOL ATTENDED: Name: _____

Location: _____

Public/Private? _____ Size of graduating class: _____

19. RATHER THAN LIST ALL OF THE ACTIVITIES THAT YOU PURSUED IN HIGH SCHOOL, LIST ONE IN WHICH YOU PARTICIPATED AND WHICH YOU CONSIDER TO HAVE BEEN THE MOST REWARDING FOR YOU. WHY WAS IT REWARDING?

20. HOW DID YOU SPEND THE SUMMERS DURING HIGH SCHOOL?

***** COLLEGE *****

21. HOW AND WHEN DID YOU BECOME INTERESTED IN THE STUDY OF MEDICINE OR DENTISTRY?

22. HAVE YOU BEEN EMPLOYED DURING THE REGULAR SCHOOL YEAR?

Yes _____ No _____

IF SO, WAS EMPLOYMENT PART OF YOUR FINANCIAL AID PACKAGE?

Yes _____ No _____

23. LIST ANY HONORS RECEIVED IN COLLEGE INCLUDING MERIT SCHOLARSHIPS, HONORARY SOCIETIES, ELECTED OFFICES, ANNUAL HONORS, ETC.

24. IN ADDITION TO YOUR ACADEMIC PERFORMANCE, HEALTH PROFESSION SCHOOLS ARE INTERESTED IN EXTRACURRICULAR ACTIVITIES THAT YOU HAVE ACTIVELY PURSUED. DESCRIBE BELOW THE MOST MEANINGFUL ACTIVITIES YOU HAVE PARTICIPATED IN, YOUR ROLE IN THE ACTIVITIES, HOW LONG, ETC. **USE ONLY THE SPACE PROVIDED.**

A. Most important activity to you:

B. Second most important:

C. Next most important:

D. Next most important:

25. HEALTH PROFESSION SCHOOLS ARE ALSO INTERESTED IN KNOWING ABOUT YOUR FIRST HAND EXPOSURE TO THE HEALTH PROFESSIONS. DESCRIBE BELOW THE MOST IMPORTANT AND MEANINGFUL EXPERIENCES YOU HAVE HAD IN THIS REGARD. INDICATE WHERE, FOR HOW LONG, AMOUNT OF TIME YOU SPENT PER WEEK AND YOUR RESPONSIBILITIES OR ROLE YOU PLAYED. WHY WAS THIS EXPERIENCE MEANINGFUL? **USE ONLY THE SPACE PROVIDED.**

A. Most important activity to you:

B. Second most important:

C. Next most important:

26. IF YOU HAVE HAD ANY RESEARCH EXPERIENCE AS AN INDEPENDENT STUDY, SUMMER RESEARCH PROGRAM, ETC., PLEASE DESCRIBE. INDICATE THE FACULTY MEMBER, FOR HOW LONG, AND DESCRIBE THE RESEARCH IN 3-4 SENTENCES IN THE **SPACE PROVIDED.** IF AN ABSTRACT/PAPER HAS BEEN PREPARED, PLEASE ATTACH.

A.

B.

C.

D.

27. WHAT ARE YOUR HOBBIES AND AVOCATIONAL INTERESTS?
28. MEDICAL SCHOOLS CURRENTLY ACCEPT LESS THAN HALF OF ALL APPLICANTS NATIONWIDE. WHY DO YOU THINK YOU SHOULD BE INCLUDED IN THIS GROUP? IN OTHER WORDS, WHAT DO YOU CONSIDER TO BE YOUR SPECIAL STRENGTHS? **BE SPECIFIC AND USE ONLY THE SPACE PROVIDED.**
29. ANY OTHER INFORMATION WHICH SHOULD BE BROUGHT TO THE ATTENTION OF THE ADVISORY COMMITTEE FOR THEIR USE IN PREPARING YOUR LETTER:
30. PLEASE RETURN THIS COMPLETED FORM BY THE DATE INDICATED. COMPOSITE LETTERS BASED IN PART ON YOUR INTERVIEW WITH THE HEALTH PROFESSIONS ADVISOR AND THIS MATERIAL WILL BE SENT TO THE MEDICAL/DENTAL SCHOOLS YOU LIST.

Your Application Profile: A Self Assessment

David Verrier, PhD, and Gale Lang, MSW, *The Advisor*, March 2000/Vol. 20, No.2

In a survey conducted by the American Association of Medical Colleges, it was found that the pre-admission variables accorded high importance by medical school admissions personnel included: (1) undergraduate grade point average, (2) MCAT scores, (3) quality of degree-granted undergraduate institution, (4) letters of evaluation, (5) involvement in health related work experiences, (6) interview ratings, (7) personal comments on AMCAS or supplemental applications, and (8) involvement in extracurricular activities.

In light of these variables, it is important that you are able to step back and assess your developing profile as an applicant to health professions schools. What are the strengths of your developing application profile? What are the areas in need of attention? What are ways you can improve your overall application?

Consider the following self-inventory. Be honest with yourself as you — confidentially — rate yourself according to the following scale:

Ratings: 1 = needs considerable improvement

 2 = needs some improvement

 3 = OK

 4 = very good shape

 5 = outstanding

• your involvement in health-related experiences	1	2	3	4	5
• your involvement in extra-curricular activities	1	2	3	4	5
• your ability to present yourself in person	1	2	3	4	5
• your ability to present yourself in writing	1	2	3	4	5
• how well you relate to others	1	2	3	4	5
• ways you exhibit independence/initiative/perseverance	1	2	3	4	5
• ways to exhibit leadership skills	1	2	3	4	5
• your sense of purpose and motivation	1	2	3	4	5
• your sense of intellectual curiosity	1	2	3	4	5
• your common sense	1	2	3	4	5
• your ability to handle stressful situations	1	2	3	4	5
• your interests in science and biomedical research	1	2	3	4	5
• your breadth of interests	1	2	3	4	5
• how you have demonstrated commitment to service	1	2	3	4	5
• your familiarity with current issues in health care	1	2	3	4	5
• how you will distinguish yourself as a candidate	1	2	3	4	5
• how well your professors and advisors know you	1	2	3	4	5
• strength of your overall undergraduate/post-bac GPA	1	2	3	4	5
• strength of your undergraduate/post-bac science GPA	1	2	3	4	5
• strength of your standardized test scores	1	2	3	4	5

HEALTH PROFESSIONS ADVISING OFFICE (HPAO) POLICY REGARDING LETTERS OF EVALUATION

To avoid any confusion in the future, please read the following statements carefully, sign, and return with your Biographical Information.

1. Letters of recommendation on file in the Health Professions Advising Office may not be used for any purpose other than application to that type of professional school identified by the student to the recommender or application for a scholarship to support the student's education in that profession. The student notes the profession of interest on the HPAO recommendation form. HPAO will be happy to send the premedical composite of recommendations to those post-M.D. residency programs that request them but students should understand that letters are held for a maximum of five years beyond the year of graduation. HPAO will **not** transmit letters to the Career Center, to prospective employers, or to a non-Health Professions school.
2. Should an applicant make application in subsequent years to the designated professional schools, he/she may request a different set of recommendations to be included in a new composite of recommendations. The HPAO will, however, make each school aware that the composite has been modified and make available, at the request of the school, a copy of any composite used in previous applications by the applicant.
3. For the HPAO to write a strong letter of evaluation for you, it is advisable that you release your MCAT, DAT, or VAT scores to the HPAO.
4. In order to have a committee letter prepared and transmitted to Health Profession Schools, the Health Professions Biographical Material **MUST** be completed and your file opened before the end of spring semester of the year you intend to apply. If a file has not been opened for you, and you have not had an interview with Dr. Oeltmann by that date, **NO COMMITTEE LETTER WILL BE PREPARED.** However, the HPAO will collect all letters of evaluation for you and forward them with a cover letter of transmittal to the schools you select.

I have read the statements above and understand the use of the letters of evaluation that have or will be submitted on my behalf by the HPAO.

Name: _____
(Print)

Signature: _____

Date: _____

**HEALTH PROFESSIONS ADVISING OFFICE
POLICY REGARDING THE FAMILY EDUCATION
RIGHTS AND PRIVACY ACT OF 1974.**

In order for the HPAO to provide a letter of evaluation for you, please read the following statement carefully, sign, and return with your Biographical Information.

1. I understand that the letters of recommendation and evaluations that I request will be sent to the Health Professions Advising Office and the composite letter prepared by the Health Professions Advising Office will be placed in a file and transmitted to one or more Health Professional Schools at my direction. The Family Education Rights and Privacy Act of 1974 gives me the right to inspect these letters unless I waive this right at the time that I request each letter from each recommender.

2. I understand that if I waive my right to see these letters, that my composite of recommendations will be described as ACONFIDENTIAL.≡ If I do not waive my right, my letters will be marked ANON-CONFIDENTIAL.≡

3. I plan to request a committee letter of evaluation from the Health Professions Advisory Office.
PLEASE CHECK ONE OF THE FOLLOWING:

() I WAIVE my right to inspect the Health Professions Advisor's Letter.

() I DO NOT WAIVE my right to inspect the Health Professions Advisor's letter.

I have read the statements above and understand the policy regarding confidentiality of the letters of recommendation that have or will be submitted in my behalf by the HPAO.

Name: _____ Signature: _____ Date: _____
(PRINT)

LIST OF RECOMMENDERS - Due in the HPAO by May 1, of application year

Name: _____ SS#: _____ Major(s): _____

ACADEMIC RECOMMENDATIONS - Three are required; two must be from Vanderbilt professors or instructors - one must represent the natural sciences - one must represent your major.

	NAME:	COURSES:	INSTITUTION
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

ADDITIONAL RECOMMENDATION - My fourth recommendation will be submitted by the following individual:

This person knows me through the following (circle one):

- a laboratory research project for academic credit (independent study)
- a research internship, paid or volunteer
- a clinical or other non-research health-related activity
- a course (i.e., a fourth academic recommendation)
- OTHER: _____

LIST ALL HEALTH PROFESSION SCHOOLS TO WHICH YOU ARE APPLYING:

NAME: _____ SS#: _____ DATE: _____
(PRINT)

If you are applying to medical and/or dental school, **ATTACH A COPY** of your **COMPLETED SCHOOL DESIGNATION FORM** for AMCAS, AACOMAS, or AADAS to this page and return to the Health Professions Advising Office as soon as possible.

For NON-AMCAS medical schools and other health profession schools (i.e. Veterinary schools), enter the schools below.

1. _____
2. _____
3. _____
4. _____

Attach your School Designation Form(s) to this page and return to:

**HEALTH PROFESSIONS ADVISING OFFICE
VANDERBILT UNIVERSITY
7332C STEVENSON CENTER
BOX 1533 STATION B
NASHVILLE, TN 37235
(615) 322-2446**

EVALUATION FOR: Scott Austin Smith
Student/applicant (PRINT)

GRADUATION DATE: N/A

As part of my application to medical school _____
I am requesting your written evaluation. Your letter/comments will become part of a composite that is prepared and transmitted verbatim to one of more professional schools by the Health Professions Advising Office at Vanderbilt University.

Under the Family Education Rights and Privacy Act of 1974, I may inspect this evaluation unless I waive this right.

- (X) **I WAIVE my right to inspect this letter of evaluation at any time.**
- () **I DO NOT WAIVE my right to inspect this letter of evaluation at any time.**

Date: 09/01/2003

Student/Applicant Signature: _____

TO THE EVALUATOR: We would appreciate receiving a candid and comprehensive letter on your departmental stationary bearing the date, your signature, and your title. In your letter, please indicate such items as: how long and under what circumstances you have known the applicant, size and quality of students in the class, and final standing and grade he/she received in your class. Medical schools would also appreciate your evaluation, where possible, of the applicant's motivation, curiosity, initiative, perception, intellectual ability, independence, maturity, reliability, common sense and judgement, ability to communicate, and ability to work with others. **Please attach your letter to this form so that we may record the conditions of the privacy waiver and your recommendation rating (see below).** This form will be held on file in the HPAO. The letter will be forwarded to the admissions committees. Letters may be addressed to Dr. Tom Oeltmann at the address below. Thank you.

RECOMMENDATION RATING:

- () Enthusiastically Recommended
- () Recommended with Confidence
- () Recommended
- () Recommended with Reservation
- () Not Recommended

Signature of Evaluator

Name and Title (PLEASE PRINT OR TYPE)

Date: _____

Department

PLEASE RETURN EVALUATION TO:
 Health Professions Advising Office
 Vanderbilt University
 7332C Stevenson Center
 Box 1533 Sta B
 Nashville, TN 37235

Institution/Company/ if not Vanderbilt

City, State and Zip Code if not Vanderbilt

EVALUATION FOR _____
Student/applicant (PRINT)

GRADUATION DATE _____

As part of my application to medical, dental, veterinary, or _____ school (circle one), I am requesting your written evaluation. Your letter/comments will become part of a composite that is prepared and transmitted verbatim to one of more professional schools by the Health Professions Advising Office at Vanderbilt University.

Under the Family Education Rights and Privacy Act of 1974, I may inspect this evaluation unless I waive this right.

() **I WAIVE my right to inspect this letter of evaluation at any time.**

() **I DO NOT WAIVE my right to inspect this letter of evaluation at any time.**

Date: _____ Student/Applicant Signature: _____

TO THE EVALUATOR: We would appreciate receiving a candid and comprehensive letter on your departmental stationary bearing the date, your signature, and your title. In your letter, please indicate such items as: how long and under what circumstances you have known the applicant, size and quality of students in the class, and final standing and grade he/she received in your class. Medical schools would also appreciate your evaluation, where possible, of the applicant's motivation, curiosity, initiative, perception, intellectual ability, independence, maturity, reliability, common sense and judgement, ability to communicate, and ability to work with others. **Please attach your letter to this form so that we may record the conditions of the privacy waiver and your recommendation rating (see below).** This form will be held on file in the HPAO. The letter will be forwarded to the admissions committees. Letters may be addressed to Dr. Tom Oeltmann at the address below. Thank you.

RECOMMENDATION RATING:

- () Enthusiastically Recommended
- () Recommended with Confidence
- () Recommended
- () Recommended with Reservation
- () Not Recommended

Signature of Evaluator

Name and Title (PLEASE PRINT OR TYPE)

Date: _____

Department

PLEASE RETURN EVALUATION TO:
Health Professions Advising Office
Vanderbilt University
7332C Stevenson Center
Box 1533 Sta B
Nashville, TN 37235

Institution/Company/ if not Vanderbilt

City, State and Zip Code if not Vanderbilt

EVALUATION FOR _____
Student/applicant (PRINT)

GRADUATION DATE _____

As part of my application to medical, dental, veterinary, or _____ school (circle one), I am requesting your written evaluation. Your letter/comments will become part of a composite that is prepared and transmitted verbatim to one of more professional schools by the Health Professions Advising Office at Vanderbilt University.

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() **I WAIVE my right to inspect this letter of evaluation at any time.**

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Date: _____ Student/Applicant Signature: _____

TO THE EVALUATOR: We would appreciate receiving a candid and comprehensive letter on your departmental stationary bearing the date, your signature, and your title. In your letter, please indicate such items as: how long and under what circumstances you have known the applicant, size and quality of students in the class, and final standing and grade he/she received in your class. Medical schools would also appreciate your evaluation, where possible, of the applicant's motivation, curiosity, initiative, perception, intellectual ability, independence, maturity, reliability, common sense and judgement, ability to communicate, and ability to work with others. **Please attach your letter to this form so that we may record the conditions of the privacy waiver and your recommendation rating (see below).** This form will be held on file in the HPAO. The letter will be forwarded to the admissions committees. Letters may be addressed to Dr. Tom Oeltmann at the address below. Thank you.

RECOMMENDATION RATING:

- () Enthusiastically Recommended
- () Recommended with Confidence
- () Recommended
- () Recommended with Reservation
- () Not Recommended

Signature of Evaluator

Name and Title (PLEASE PRINT OR TYPE)

Date: _____

Department

PLEASE RETURN EVALUATION TO:
Health Professions Advising Office
Vanderbilt University
7332C Stevenson Center
Box 1533 Sta B
Nashville, TN 37235

Institution/Company/ if not Vanderbilt

City, State and Zip Code if not Vanderbilt