

MEDICAL COMPREHENSION ASSESSMENT TEST PREP PROGRAM (MCAT)

Complete application packets must be received in the Office of Diversity and Multicultural Affairs on **March 18, 2016** and contain the documents listed below. Incomplete or late applications will not be reviewed.

APPLICATION CHECK LIST

- Completed Application Form
- Personal Statement (minimum of 400 words)
- *Official Transcript
- *Dean of Students / Principal Recommendation Form
- *Three (3) letters of recommendation from teachers / counselor
- Passport Photo
- Proof of Health Insurance (Required)
- Color Copy of Social Security Card (SSN)

* *Dean of Students/Principal Recommendation Form, Letters of Recommendation and Official Transcript(s) may be emailed to: diversityoffice@med.miami.edu*

The MCAT Prep Program is part of the Miami Model Summer Programs sponsored by the Office of Diversity and Multicultural Affairs in collaboration with the Office of Academic Enhancement.



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE



MEDICAL COMPREHENSION ASSESSMENT TEST PREP PROGRAM (MCAT)

Please type responses, print, sign and submit. **APPLICATION DEADLINE IS MARCH 18, 2016**

I. Contact Information

LAST NAME		FIRST NAME		MIDDLE NAME
PERMANENT ADDRESS				APT
CITY		STATE	ZIP	
CELL PHONE NUMBER		PRIVATE/PERSONAL E-MAIL ADDRESS		
LOCAL ADDRESS				APT
CITY		STATE	ZIP	
PERSONS WHO WILL KNOW YOUR LOCATION IN TWO YEARS (I.E. RELATIVES, CLOSE FRIENDS, ETC.)				
NAME		NAME		
ADDRESS		ADDRESS		
CITY, STATE ZIP		CITY, STATE ZIP		
HOME PHONE	CELL PHONE	HOME PHONE	CELL PHONE	

II. Demographic Information

DATE OF BIRTH / / 19__	PERMANENT RESIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		SOCIAL SECURITY NUMBER	
ETHNICITY	U.S. CITIZEN	GENDER	1 ST GENERATION COLLEGE STUDENT	RAISED IN A SINGLE-PARENT HOME
<input type="checkbox"/> AFRICAN AMERICAN/BLACK <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> MULTI-ETHNIC	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>*an individual neither of whose natural or adoptive parents received a baccalaureate degree</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOW DID YOU FIND OUT ABOUT THIS PROGRAM? (CHECK ALL THAT APPLY)				
<input type="checkbox"/> POSTER/FLYER <input type="checkbox"/> RECRUITER/COUNSELOR <input type="checkbox"/> INFORMATION SESSION	<input type="checkbox"/> STUDENT/FRIEND <input type="checkbox"/> WEBSITE <input type="checkbox"/> MAGAZINE/NEWSPAPER	<input type="checkbox"/> OFFICE OF ACADEMIC ENHANCEMENT <input type="checkbox"/> OFFICE OF DIVERSITY & MULTICULTURAL AFFAIRS/ MILLER SCHOOL OF MEDICINE		



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE

Office of Diversity and Multicultural Affairs
 Rosenstiel Medical Science Building
 1600 NW 10 Avenue, Suite 1130, Locator R11
 Miami, Florida 33136
 Tel. 305-243-7156 Fax 305-243-7312
www.diversity.med.miami.edu
www.miami.edu/mcatprogram



Return application to UM - Office of Diversity – RMSB, 1600 NW 10 Avenue, Suite 1130, Locator R11, Miami, Florida 33136

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III. Family Information

COMBINED FAMILY INCOME <input type="checkbox"/> UNDER \$15K <input type="checkbox"/> \$15,001-25K <input type="checkbox"/> \$25,001-35K <input type="checkbox"/> \$35,001-50K <input type="checkbox"/> \$50,001-70K <input type="checkbox"/> \$70,001+	TOTAL NUMBER OF FAMILY MEMBERS
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PRIMARY CARETAKER (CHECK ONE) <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER _____	
LAST NAME	FIRST NAME
CURRENT HOME ADDRESS	APT NUMBER
CITY, STATE	ZIP
HOME PHONE	CELL PHONE
OCCUPATION	SALARY
HIGHEST EDUCATION LEVEL COMPLETED <input type="checkbox"/> GRADE SCHOOL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> TWO YEAR COLLEGE <input type="checkbox"/> VOCATIONAL OR TECHNICAL SCHOOL <input type="checkbox"/> BACHELOR DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORAL DEGREE	

SECONDARY CARETAKER (CHECK ONE) <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER _____	
LAST NAME	FIRST NAME
CURRENT HOME ADDRESS	APT NUMBER
CITY, STATE	ZIP
HOME PHONE	CELL PHONE
OCCUPATION	SALARY
HIGHEST EDUCATION LEVEL COMPLETED <input type="checkbox"/> GRADE SCHOOL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> TWO YEAR COLLEGE <input type="checkbox"/> VOCATIONAL OR TECHNICAL SCHOOL <input type="checkbox"/> BACHELOR DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORAL DEGREE	

Are there any family circumstances or concerns that would be useful for us to know when evaluating your application? If so, please explain.

**Please be as honest as possible when providing this information; its primary purpose is for grant writing. All information will be kept confidential and used solely for admissions and statistics.*

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IV. Academic Information

Colleges/Universities attended. List most recent first.

Name of College/University	State	Major	Dates
1			-
2			-
3			-

Academic grading period: Semester Trimester Quarterly

Class standing (by Credit) at time of application: Sophomore Junior Senior Graduate

Grade Point Average: (If you are unsure, consult your Registrar's Office for correct GPA calculation.)

Undergraduate: Science _____ Non-Science _____ Cumulative _____

Graduate: Science _____ Non-Science _____ Cumulative _____

Actual or Expected Date of Graduation: Undergraduate (Mo/Yr.): _____/_____/_____

Graduate (Mo/Yr.): _____/_____/_____

Please provide data from your most recent test scores below:

SAT	<input type="checkbox"/> YES <input type="checkbox"/> NO	Year: _____	Critical Reading: _____	Mathematics: _____	Writing: _____
ACT	<input type="checkbox"/> YES <input type="checkbox"/> NO	Year: _____	Composite Score: _____	Mathematics: _____	English: _____
	<input type="checkbox"/> YES <input type="checkbox"/> NO		Reasoning Writing: _____	Reading: _____	Science: _____
MCAT	<input type="checkbox"/> YES <input type="checkbox"/> NO	Year: _____	Physical Sciences: _____	Biological Sciences: _____	
			Verbal CARS: _____	Psychology & Sociology: _____	

Have you taken the MCAT test? Yes No If so, how many times? _____

Have you participated in any MCAT Course Program(s)? Yes No

School/Institution	City, State	Dates
1		-
2		-
3		-

Will you be applying to enter a health professions school in the fall? Yes No

Have you participated in any academic summer program(s)? Yes No

Program Name	School/Institution	City, State	Dates
1			-
2			-
3			-

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Have you applied to any other academic summer program(s)? Yes No

Program Name	School/Institution	City, State	Dates
1			-
2			-
3			-

Please describe any pertinent hospital or medical field experience you have.

List the principal extracurricular and community activities you are/were involved in during college:

Activity/Program Name	City, State	Dates	# of hrs.
1			
2			
3			

Please provide the contact information for the three college professors writing your letters of recommendation.

Name:	Position:
Email Address:	Phone:
Name:	Position:
Email Address:	Phone:
Name:	Position:
Email Address:	Phone:

Please attach a personal statement explaining why you wish to participate in this program and highlight any personal attributes that would be deemed desirable for medical school applicants. (Minimum of 400 words)

Your completed application packet must contain:

- | | |
|--|--|
| <input type="checkbox"/> Completed Application Form
<input type="checkbox"/> *Official Transcript(s)
<input type="checkbox"/> *Three (3) letters of recommendation, two (2) must be from college professors
<input type="checkbox"/> Proof of Health Insurance (Required) | <input type="checkbox"/> *Dean of Students Recommendation Form
<input type="checkbox"/> Personal statement, minimum of 400 words
<input type="checkbox"/> Wallet-Size Photo
<input type="checkbox"/> Color Copy of Social Security Card (SSN) |
|--|--|

*Dean of Students Recommendation Form, Official Transcript(s) and Letter of Recommendation may be emailed to: diversityoffice@med.miami.edu

My signature below indicates: (1) that all the information contained in my application is complete, factually correct, and honestly presented; (2) that if I am accepted to this program, I agree to abide by the University of Miami Honor Code, a document which prohibits dishonesty in all academic work; (3) that I am submitting a complete application packet and that all documents listed above are included.

I understand that incomplete and late applications will not be reviewed.

Signature Printed Name Date

Return application to UM - Office of Diversity – RMSB, 1600 NW 10 Avenue, Suite 1130, Locator R11, Miami, Florida 33136

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V. Dean of Students Recommendation

Applicant: This form is confirmation of your good academic and disciplinary standing. Please complete Section I and ask the Dean of Students or similar official at your current or the most recent institution you have attended to complete Section II. **This form may be returned with your application in a sealed envelope with the Dean's signature over the closure. Or, the Dean may email it to diversityoffice@med.miami.edu or send it directly to the address below.**

APPLICATION DEADLINE IS MARCH 18, 2016

**UM - Office of Diversity – RMSB
1600 NW 10 Avenue, Suite 1130, Locator R11
Miami, Florida 33136**

Section I: Should be completed by applicant.

LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	PHONE NUMBER	STUDENT NUMBER
STUDENT'S SIGNATURE		DATE

Section II: Should be completed by Dean of Students or similar official.

Has this student been involved in any disciplinary action at your school or does he/she have any conduct cases pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any factors – academic, social, personal, etc. – that would interfere with this student's ability to make normal progress toward his/her degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to either question, please explain:

Print Name: _____ Title: _____

Signature: _____ Date: _____

Email Address: _____ Phone: _____

College/University: _____

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