



Undergraduate Medical Academy Admissions Application

Prairie View A&M University
P. O. Box 519, Mail Stop 2900
Prairie View, Texas 77446

Office: 936-261-3085

Fax: 936-261-3089

Application will not be accepted without

- Official Transcript from high school /college(s)
- Personal Statement (Maximum 500 words)
- 3 Letters of Recommendation & Evaluation Forms

Personal Information

Last Name

First Name

Middle

Birth Date _____ / ____ / _____

Gender ☐ Male

☐ Female

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Email Address _____

Ethnicity & Race

☐ African American or Black

☐ Asian

☐ Caucasian or White

☐ Native American or Pacific Islander

☐ Hispanic or Latino

☐ Other

Academic Information

High School Name _____

Address _____

City _____ State _____ Zip Code _____

Graduation Date _____ GPA _____ Class Rank & Size _____ / _____

SAT Score

Date Taken

ACT Score

Date Taken

Have you taken THEA?

☐ Yes ☐ No

College/ University

This section is for applicants who have completed at least 1 year as an undergraduate (24 hrs college credits)

1. College/University Name

Address _____

City _____ **State** _____ **Zip Code** _____

Major _____

Minor _____

Attended From: Month _____ **Year** _____

Attended To: Month _____ **Year** _____

Expected Graduation Date _____

GPA _____ **on a scale of 4.0**

2. College/University Name

Address _____

City _____ **State** _____ **Zip Code** _____

Major _____

Minor _____

Attended From: Month _____ **Year** _____

Attended To: Month _____ **Year** _____

Expected Graduation Date _____

GPA _____ **on a scale of 4.0**

College Courses (please list)

Class	Hours/Credit
--------------	---------------------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

Extracurricular Activities / Organizations / Clubs

☐ Army ROTC

☐ Navy ROTC

☐ Air Force ROTC

☐ Band

☐ Theatre

☐ Cheerleader

☐ Choir

☐ Track/Cross County

☐ Student Council

☐ Health Occupation Students of America

☐ National Honor Society

☐ Sports (please list)

Date (MM/YY TO MM/YY)

_____ / ____ to ____ / ____

☐ Fraternities (please list)

_____ / ____ to ____ / ____

☐ Sororities (please list)

_____ / ____ to ____ / ____

☐ Summer Programs (please list)

_____ / ____ to ____ / ____

_____ / ____ to ____ / ____

_____ / ____ to ____ / ____

☐ Co-Op/ Internship (please list)

_____ / ____ to ____ / ____

_____ / ____ to ____ / ____

_____ / ____ to ____ / ____

☐ Honors Program/Clubs (please list)

_____ / ____ to ____ / ____

_____ / ____ to ____ / ____

_____ / ____ to ____ / ____

☐ **Volunteer /Community Service (please list)**

_____	____/____to____/____
_____	____/____to____/____
_____	____/____to____/____

☐ **Medical / Research Experience (please list)**

_____	____/____to____/____
_____	____/____to____/____
_____	____/____to____/____
_____	____/____to____/____
_____	____/____to____/____

☐ **Other**

_____	____/____to____/____
_____	____/____to____/____
_____	____/____to____/____
_____	____/____to____/____
_____	____/____to____/____