



# Application for Admission

## Summer MCAT Preparatory Program

### May 24—June 27, 2009 (Deadline April 20, 2009)

This form is for admission to the University of Richmond, Virginia-Nebraska Alliance MCAT Program. Please print or type all information. More information about the program at <http://prehealth.richmond.edu/>

#### PERSONAL INFORMATION

LEGAL FULL NAME (LAST, FIRST, MI): \_\_\_\_\_

PERMANENT ADDRESS:

STREET

APT/UNIT

CITY

STATE

ZIP

COUNTRY

PHONE (PERMANENT):

AREA CODE/PHONE NO.

PRESENT MAILING ADDRESS (SCHOOL):

STREET

APT/UNIT

CITY

STATE

ZIP

COUNTRY

PHONE:

AREA CODE/PHONE NO.

CELL PHONE:

AREA CODE/PHONE NO.

EMAIL ADDRESS:

STUDENT ID NUMBER:

#### PERSONAL BACKGROUND

GENDER\*

MALE  FEMALE

CITIZENSHIP

UNITED STATES

OTHER: \_\_\_\_\_  
NAME OF COUNTRY

**IF NOT A U.S. CITIZEN, WHAT TYPE OF VISA DO YOU NOW HOLD?**

BIRTH DATE\*:

BIRTHPLACE\*:

CITY, STATE/COUNTRY

ETHNIC/RACIAL HERITAGE\*

(CHECK ALL THAT APPLY)

AMERICAN INDIAN OR ALASKAN NATIVE

ASIAN/PACIFIC ISLANDER

BLACK OR AFRICAN AMERICAN

HISPANIC/LATINO

WHITE OR EUROPEAN AMERICAN

OTHER (PLEASE INDICATE)

\* Not a required field

SUBMIT REQUESTED MATERIALS TO:

DR. JOHN VAUGHAN | BIOLOGY DEPARTMENT

28 WESTHAMPTON WAY | UNIVERSITY OF RICHMOND | VA | 23173 | 804 278-6484 | [HTTP://PREHEALTH.RICHMOND.EDU](http://prehealth.richmond.edu)

#### EDUCATIONAL INFORMATION

HOME INSTITUTION (SCHOOL): \_\_\_\_\_

YEAR OF STUDY

(SOPHOMORE, JUNIOR, ETC.): \_\_\_\_\_

CURRENT MAJOR

(OR PLANNED MAJOR): \_\_\_\_\_

COMMITMENT TO FULL FIVE WEEK PROGRAM

YES  NO

PLANNED MCAT TEST DATE\*

(FALL 2009, SPRING 2010, ETC.): \_\_\_\_\_

REQUIREMENTS COMPLETED (CHECK ALL THAT APPLY)

TWO SEMESTERS GENERAL BIOLOGY

TWO SEMESTERS GENERAL CHEMISTRY

TWO SEMESTERS ORGANIC CHEMISTRY

TWO SEMESTERS PHYSICS

MINIMUM CUMULATIVE GPA OF 3.0

MINIMUM SCIENCE/MATH GPA OF 3.0

MINIMUM VERBAL/MATH SAT OF 1000

OR MINIMUM ACT SCORE OF 20

IF ONE OF THE ABOVE REQUIREMENTS HAS NOT BEEN MET, EXPLAIN BELOW:

1. COMPLETE THIS APPLICATION FORM AND ATTACH A PERSONAL STATEMENT (NOT TO EXCEED 1 SINGLE-SPACED TYPED PAGE) IN WHICH YOU DISCUSS WHY YOU WANT TO BE A PHYSICIAN.

2. REQUEST THAT AN OFFICIAL COPY OF YOUR UNDERGRADUATE TRANSCRIPT BE SENT BY THE REGISTRAR TO DR. VAUGHAN.

3. REQUEST TWO (2) RECOMMENDATIONS FROM SCIENCE FACULTY BE SENT DIRECTLY TO DR. VAUGHAN.

4. SUBMIT A COPY OF YOUR SAT OR ACT SCORE REPORT TO DR. VAUGHAN. IF YOU DO NOT HAVE A COPY OF YOUR SCORE REPORT, YOU MAY ORDER ONE FROM COLLEGEBOARD.COM OR ACT.ORG. APPLICANTS WHO ARE ACCEPTED INTO THE PROGRAM WILL BE REIMBURSED FOR ANY SCORE REPORTING FEES CHARGED BY COLLEGE BOARD OR ACT.

BY SIGNING THIS, I CERTIFY THAT ALL INFORMATION FURNISHED ON THIS APPLICATION IS COMPLETE AND ACCURATE. I FURTHER CERTIFY THAT ANY CREDENTIALS AND OTHER SUBMISSIONS SENT TO SUPPORT MY APPLICATION ARE GENUINE AND, IN THE CASE OF PORTFOLIO PIECES AND WRITINGS, ARE MY OWN CREATIVE WORK AND NOT THAT OF OTHERS. IF ACCEPTED INTO THE PROGRAM, I ALSO AGREE TO RELEASE SCORES TO DR. VAUGHAN FOR ANY MCAT ADMINISTRATION THAT I TAKE PRIOR TO JULY 1, 2009 FOR PROGRAM REVIEW PURPOSES. CONCEALMENT OF FACTS, UNTRUTHFUL STATEMENTS, ALTERED RECORDS, AND/OR PLAGIARIZED WORK WILL SUBJECT ME TO DENIAL OF ADMISSION OR EXPULSION FROM THE PROGRAM.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE (IF APPLICANT IS UNER 18): \_\_\_\_\_



# FACULTY RECOMMENDATION FORM FOR MCAT PREPARATORY PROGRAM

APPLICANT'S NAME: \_\_\_\_\_

**TO THE RECOMMENDER: PLEASE COMPLETE THIS FORM AND SEND IT TO:  
DR. JOHN VAUGHAN | BIOLOGY DEPARTMENT | 28 WESTHAMPTON WAY | UNIVERSITY OF RICHMOND | VIRGINIA | 23173**

NAME OF RECOMMENDER: \_\_\_\_\_ TITLE: \_\_\_\_\_

INSTITUTION AND ADDRESS: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PLEASE ASSESS THE APPLICANT IN THE CATEGORIES BELOW BASED ON YOUR FAMILIARITY WITH APPLICANT, AND AS COMPARED TO OTHER STUDENTS AT THE SAME EDUCATIONAL LEVEL.	TOP 3%	NEXT 10%	NEXT 20%	MIDDLE THIRD	LOWEST	N/A NO BASIS FOR JUDGMENT
INTELLECTUAL ABILITY						
ANALYTICAL PROBLEM-SOLVING SKILLS						
WRITTEN COMMUNICATION SKILLS						
ORAL COMMUNICATIONS SKILLS						
CONSCIENTIOUSNESS AND ENTHUSIASM FOR WORK						
INITIATIVE						
WORK ETHIC						
MATURITY						
INTEGRITY						

IN THE SPACE BELOW, PLEASE COMMENT ON THE APPLICANT'S QUALIFICATIONS FOR STUDY IN MEDICAL SCHOOL AND FOR A CAREER IN MEDICINE, INCLUDING HIS/HER STRENGTHS AND WEAKNESSES AND, IF POSSIBLE, YOUR EVALUATION OF HIS/HER PERFORMANCE IN RELATION TO OTHER PRE-MEDICAL STUDENTS THAT YOU HAVE KNOWN. IF AN ADDITIONAL PAGE IS USED AS THE LETTER OF RECOMMENDATION, PLEASE STAPLE THIS FORM TO THAT DOCUMENT.

OVERALL (CIRCLE): STRONGLY RECOMMEND | RECOMMEND | RECOMMEND WITH RESERVATIONS | DO NOT RECOMMEND

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



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