

HEALTH PROFESSIONS PREPARATION COMMITTEE
PERSONAL INFORMATION FORM
(for use at or near application time)

Name _____ Date _____

Class Year _____ Major(s) _____
Minor(s) _____

Social Security Number _____ - _____ - _____ State/Country of Residence _____

AMCAS ID number (if known) _____

Proposed Professional Field _____

Definite Summer Telephone Number: (____) _____

Definite Summer Address _____

Contacts with your intended profession through family members or close family friends (specify your relationship with these individuals):

Personal experiences with intended profession through work or volunteer experience other than that listed above:

Specific skills or expertise (laboratory, technical, clinical, artistic, etc.) as a result of science/health-related work or course experience:

Jan Plans—on or off campus; sponsor; credits/grades/honors:

Other specific projects—e.g., Senior Scholar; Honors Project; Special Topics; Independent Study; Summer Research—list sponsor(s) and credits/grades, if any:

Academic honors—e.g., named scholarships or honor societies:

Extracurricular activities—memberships/offices held in student organizations, athletics, etc.:

Hobbies actively engaged in:

Experience as a campus advisor—e.g., R.A., H.R., peer counselor, etc.:

Non-health/health-related employment—when, where, job description:

Mention anything else not covered which you think might be of help to the committee in writing a letter about you. In particular, expand on any experiences you have had which would indicate your continued interest in and motivation toward your chosen profession. What we are asking for here is any information which you think we don't have but which you feel should be considered for inclusion in our evaluation. If you wish, you may include extenuating circumstances that may account for abnormally low grades during a given semester, etc.—not a great deal of complaining but a bona fide explanation of conditions beyond your control (e.g., prolonged or chronic illness).

In addition to filling in the above, attach a copy of your current résumé to these completed forms prior to returning them to Health Professions Preparation Committee, Psychology Department.