



UMSL Pre-Health Programs

CAS/COFAC Advising

303 Lucas Hall

314-516-5501

STUDENT'S CHECKLIST FOR PRE-HEALTH INTERVIEW

YOUR PRE-HEALTH FILE MUST CONTAIN THE FOLLOWING:

- ___ Up-to-date transcript(s). Copies are acceptable.
- ___ Completed General Information form.
- ___ Standardized examination scores.
- ___ Three letters of recommendation.
- ___ Personal Statement
- ___ Resume or CV summarizing relevant work/volunteer/research experience.
- ___ Signed waiver forms.
- ___ Signed agreement to inform the Pre-Health Committee of interviews granted and which medical school the student matriculated to.



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GENERAL INFORMATION

Please provide the information requested on **both** forms. (**Please print or type**):

Name _____ SSN _____

Phone # (home) _____ Phone # (cell) _____ Email address _____

Applications are being sent to what kind of professional school? _____

Undergraduate Major _____ Undergraduate Minor (if any) _____

Post-Graduate Training or Degree _____

Overall GPA _____ GPA in major _____ GPA at UMSL _____

(GPAs should reflect ALL college and university work)

National Standardized Examinations Scores (e.g., MCAT, DAT):

Name of Exam _____ When Taken _____ Composite Score _____

(If taken more than once, please state this.)

Extracurricular experience: Provide resume or curriculum vitae summarizing all relevant clinical experience, humanitarian service that is not clinically oriented, employment, undergraduate research, and any other relevant information.

Coursework: In addition to a full year of general biology, a year of general physics and the two full years of chemistry required by virtually all professional schools, students are strongly advised to complete required core courses for their major before being interviewed. Students need to document that they have progressed well towards their degree requirements by successfully completing a substantial number of upper division requirements. Students who delay taking critically important courses cannot be as effectively evaluated and the committee's letter of recommendation will reflect this limitation.



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Grade Report Requisition for Pre-Health Professions Committee Interview

By completing this form, the student consents to allowing the Pre-Health Advisor to access all academic data available for the purposes of generating a grade report. Upon completion, the Pre-Health Advisor will include the report in the student's interview packet. This report is for use by the Pre-Health Professions Committee to evaluate the student's academic performance up to the time of the interview. The student retains the right to inspect the report and contest any discrepancies with the Office of the Registrar.

Upon submission of this request, the Pre-Health Advisor will generate the report in less than 48 hours. If the student wishes to review the report, he or she should consult the Pre-health Advisor who will provide a copy at the time of request. If the student wishes to contest any grades, the student has the option of delaying the interview process until after resolution of the discrepancy. If the student chooses to proceed with the process, the interview will be conducted as if no challenges were in progress and the evaluation will be based strictly on the grade report generated. The committee will not take into consideration any challenges when drafting the letter of recommendation.

I agree to all of the terms and conditions described above:

(Printed Name)

(Signature)

(Student ID Number)

(Date)



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Letter of Recommendation Waiver

With the knowledge that confidential letters of recommendation carry more influence than letters not of a confidential nature, I request that the letters of recommendation contained in my Pre-Health Interview file and the evaluations and letters of recommendation written by the Pre-Health Professions Committee be held strictly confidential and I waive my right to see or be informed of the contents of these letters in order to maintain this status of confidentiality.

I authorize the Pre-Health Professions Committee at the University of Missouri - St. Louis, to convey the information contained in my Pre-Health interview file, including personal data, academic records, and confidential evaluations to any professional school, upon my request or at the request of a professional school to which I have applied, this being done at the discretion of the Pre-Health Professions Committee Sciences at the University of Missouri - St. Louis.

I agree to all of the terms and conditions described above:

(Printed Name)

(Signature)

(Student ID Number)

(Date)



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FORMAL AGREEMENT TO INFORM PRE-PROFESSIONAL COMMITTEE OF MATRICULATION TO MEDICAL SCHOOL

As the Pre-Health Professions Committee provides a valuable service to the student population at UMSL, I agree to assist the committee with this service by informing them of both interviews granted and which school I matriculated to. I further agree to provide this information as soon as it is available. Finally, I grant the committee permission to contact medical schools that the evaluation is sent to in the event that I am unable to provide matriculation information.

I agree to all of the terms and conditions described above:

(Printed Name)

(Signature)

(Student ID Number)

(Date)