

Postbaccalaureate Prehealth Program

Health Professions Office
Busch Campus

Application Packet

For: _____

RUTGERS



Postbaccalaureate Prehealth Program

How to Apply for Admission

A. YOUR COMPLETE APPLICATION PACKET consists of:

- 1 An Instruction Sheet (this page)
- 2 Postbaccalaureate Prehealth Program Application Form
- 3 A written autobiographical statement including reasons for applying to the program (provided by applicant) and an updated resume
- 4 Transcripts (unofficial copies are acceptable) from all colleges or universities attended
- 5 A confidential Waiver Form
- 6 An HPO Information Sheet for Postbaccalaureate Prehealth Students

B. APPLICATION PROCEDURE:

- Step 1. Your admission into the program is complete once a letter of admission is issued. You may register for courses only *after* have been accepted to Rutgers University.
- Step 2. After you begin classes, open your file at the Health Professions Office (HPO) on Busch Campus (*See HPO registration below*).

C. HPO REGISTRATION:

All Prehealth students are required to register and maintain a file with the Health Professions Office (HPO). The HPO provides advising and support for the application and admission process for medical, dental, and other health professions schools, including maintaining files for prehealth students and a composite letter of recommendation written by the Health Professions Committee, if eligible.



Health Professions Office

Postbaccalaureate Prehealth Program

APPLICATION FORM*

_____	_____	_____	_____		
Last Name	First Name	Middle Initial	Date		
_____		_____	_____		
Permanent Address		College	E-Mail		
_____	_____	_____	_____		
City	State	Zip Code	Phone Number:	Day	Even
_____		_____	_____		
Date of Birth		Anticipated Yr. of Completion of Program/Studies	Profession Desired		
SAT Scores:		Verbal	Math	Date Taken	
_____		_____	_____	_____	
National Origin	U.S. Citizen ?	Type of Visa (Non-citizens)	State of Residence	_____	
_____	_____	_____	_____	_____	
Father's Occupation	Mother's Occupation	No. of Siblings			
_____	_____	_____			

If a language other than English is spoken at home, indicate which one:

Optional:

Rutgers University seeks to attract students of diverse ethnic and racial backgrounds. If you wish to register your minority status, please check below.

Minority Status _____

Note: Under-represented minorities include African-American, Mainland Puerto Rican, American/Alaskan Native, Mexican American, according to The American Association of Medical Colleges (AAMC).

* This serves as an initial registration form to establish a file for each student.

Name of Applicant _____

Activities and Interests: (use this space to tell us about your interests, work, and college experiences)

Work:

Organizations:

Leisure Activities:

Undergraduate information:

Undergraduate College Awarding Bachelor's Degree *

Undergraduate GPA

Pre-Med Courses Completed	Grade	Grade	Grade	Year Taken
General Biology	1 <input type="checkbox"/> _____	2 <input type="checkbox"/> _____	Other <input type="checkbox"/> _____	_____
General Chemistry	1 <input type="checkbox"/> _____	2 <input type="checkbox"/> _____	Lab <input type="checkbox"/> _____	_____
Organic Chemistry	1 <input type="checkbox"/> _____	2 <input type="checkbox"/> _____	Lab <input type="checkbox"/> _____	_____
Mathematics	135 <input type="checkbox"/> _____	136 <input type="checkbox"/> _____	Labs <input type="checkbox"/> _____	_____
General Physics	1 <input type="checkbox"/> _____	2 <input type="checkbox"/> _____	Other <input type="checkbox"/> _____	_____
Writing (specify course)	101 <input type="checkbox"/> _____	201 <input type="checkbox"/> _____	Other <input type="checkbox"/> _____	_____

MCAT Scores (if completed): VR _____ WS _____ BS ____ PS ____ Year _____

Any two advanced biology courses (please specify) _____

Year of Graduation from College _____

Degree/Major _____ Minor (if any) _____

Have you ever attended Rutgers University ? If yes, which college and/or division _____

Please indicate how you learned of this program: _____

NOTE: All applicants must submit a written essay stating reasons for applying to the program.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS COMPLETE AND ACCURATE.

Signature of Applicant

Date

* All students are expected to provide transcripts (unofficial copies are acceptable) from all institutions attended.



Health Professions Office

Busch Campus
604 Allison Road
Nelson Biological Laboratories, Room A-207
Piscataway, NJ 08854

Information for Postbaccalaureate Students

The Health Professions Advising Office exists to serve students in several graduate health professions. Career areas include medicine (allopathic & osteopathic), dentistry, optometry, podiatry, and veterinary medicine. This office can provide some information on Physician Assistant, Medical Technology, Community Health, etc. Advisors meet with students throughout the year to answer any questions and to help solve problems that may arise. The Health Professions Committee writes the final evaluation and reviews the academic credentials of those who intend to apply to health professional schools.

Selection Criteria for Medical and Dental Schools

- 1 A good academic record, especially in biology, chemistry, physics and mathematics courses, is essential, regardless of any other factors. Professional schools evaluate both science and non-science grades. Admissions officers know the quality of Rutgers University courses. Summer courses and courses taught outside of Rutgers University or taken on a pass/no credit basis do *not* necessarily strengthen your academic record. Achievement in postbaccalaureate courses as well as overall college record will be used to assess the academic ability of older students.
- 2 Strong admissions exam scores (i.e., MCAT, DAT) combined with a good academic record will help you clear the first hurdle.
- 3 You must have informative recommendations, preferably from professors who know you well. By the time you apply to professional schools, you should have at least five letters from Rutgers faculty, including one from a biology or biochemistry professor, one from a chemistry professor, and at least one from a non-science professor. There is no such thing as having too many evaluations. If possible, you should request letters from instructors at the other college(s) which you have attended. You should also seek letters from research professors, your major department, volunteer work and jobs you have held recently.
- 4 Non-academic activities will emphasize your personal qualities and help you to be seen as an individual. Those reflecting social and/or public concern in your home or school community, volunteer work, or other direct experience in the health professions are of special value.

Non-Academic Factors

1 Personal Qualities

In addition to academic ability, the applicant's personal qualities are important factors in admission decisions. Consideration is given to character, integrity, maturity and life experience among other qualities.

Postbaccalaureate students who can bring maturity and life experience to a health career will enhance their application when reviewed with the entire applicant pool.

2 Age

Application and acceptance statistics from medical schools in recent years clearly show that age is not a significant consideration in admission decisions, although the majority of applicants are pre-baccalaureate students. Data from a recent survey at Rutgers University in New Brunswick show that the acceptance rate for postbaccalaureate students is in fact higher than the acceptance rate for prebaccalaureate students.

3 Previous Background

Recent admission statistics from medical schools show that no particular major offers a significant advantage or disadvantage for admission. A previous weak academic record can be attenuated by high achievement in postbaccalaureate courses, strong admission test scores, special mitigating circumstances and strong letters of recommendation. Concerns about a previous weak background should be discussed with a health professions advisor.

Your Health Professions File

Registering with the Health Professions Office gives us a chance to advise and help you, as well as allowing you to start obtaining letters of recommendation from faculty. You will also receive a Health Professions Newsletter several times a year detailing important news, events, and deadlines.

By the spring semester of the year of application, you should have five or more faculty evaluations in your file. You should also have had advising meetings and individual appointments to help you complete all the details of submitting your applications. In addition, during this semester, you will probably meet in a formal review with a member of the Health Professions Advisory Committee. An evaluation based on information provided by you, your recommendations, your official transcript, and your interview will be written.

Please feel free to stop by the health professions advising office with any questions you may have such as setting up a file, collecting letters of evaluation, etc. You may also schedule individual advising appointments.



CONFIDENTIAL WAIVER FORM

The Family Educational Rights and Privacy Act of 1974 (The Buckley Amendment)

Under the provisions of the above-named federal law, students have the right to examine their educational records. This office adheres to this law and its provisions. However, faculty and other evaluators are more likely to be candid if the author knows that his or her statements will be kept in strict confidence and not viewed by the student. Additionally, professional schools generally prefer that all such evaluations be confidential. It is, therefore, to your advantage that you sign a release which waives your right to see these letters and notes. **Medical schools will be informed whether your letters are confidential or not.**

NB: The Committee Statement will never be revealed to students as it is regarded as always confidential.

I **DO WAIVE** my right of access to evaluations that are received by the Health Professions Advising Office on my behalf and understand that I will not be able to see them under any circumstances.

signature

date

– or –

I **DO NOT WAIVE** my right of access to evaluations that are received by the Health Professions Advising Office on my behalf.

signature

date

DISCIPLINARY CLEARANCE AUTHORIZATION

I hereby authorize the Health Professions Office to have the Office of the Dean of Students review my file for any record of disciplinary action and to provide notification of any such action prior to the release of my material to another institution or program.

signature

date