



Postbaccalaureate Prehealth Program

Application checklist:

- Completed Postbaccalaureate Prehealth application
- Current resume
- Written statement describing why you are interested in a career in the health professions, which career, what you have done to explore this interest before deciding to return to school to complete the prerequisites, and what skills and competencies your previous/current experiences have given you that are relevant to becoming a health care provider. Finally, indicate why you are applying to this particular program.
- Transcripts from all colleges and/or universities attended. **Transcripts must indicate that you have completed the prerequisites necessary to take science courses at Rutgers New Brunswick. These are, at a minimum, college math courses equivalent to 640:115 (4 credit precalculus) and 355:101 (college level expository writing).**
- Two letters of reference in support of your application to this program.

Application procedure:

- Submit all of the above information to the Health Professions Office by the deadline. You may submit the packet electronically, in person, or via regular mail.
- If selected for an interview, you will be contacted by phone in early January. If not selected for an interview, you will be notified by U.S. mail sometime after the application deadline.
- Interview dates are typically scheduled for early January.

After interview:

- Typically, you will find out if you are accepted shortly after your interview
- If accepted, you must *immediately* apply to Rutgers University, New Brunswick, as a non-matriculating (also known as non-degree) student (<https://admissions.rutgers.edu/applying/more-for-part-time-non-degree-applicants>). This will require you to have official copies of your transcripts sent to the admissions office. We cannot send transcripts to the admissions office. You will also need to pay an application fee to Rutgers to process your admission.
- Once you receive confirmation that you have been admitted, please call the HPO and make an appointment to meet with Dr. Vogel. This appointment must take place before April so that you may get priority registration for fall classes.



Rutgers New Brunswick Health Professions Office
Postbaccalaureate Prehealth Program
Application Form

Name: _____ Date: _____

Permanent address: _____

Email: _____ Cell phone #: _____

Date of birth: _____

Profession you are seeking: MD DO DDS/DMD PA PT Other: _____

Undergraduate information:

Where did you earn your Bachelor's degree? (If at Rutgers, please specify which campus and school):

What year did you graduate? _____

What was your cumulative GPA when you graduated? _____

What were your major(s) and minor(s)? _____

Please list any advanced degrees (Master's or PhD level) including date earned, and where earned:

What were your SAT scores?

Verbal: _____ Math: _____ Date taken: _____

Are you a U.S. citizen? _____ If not, what type of visa do you hold? _____

If yes, what is your state of residence? _____

Rutgers University seeks to attract students of diverse ethnic backgrounds, if you wish to disclose your ethnic background, please do so here: _____



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Name: _____

Relevant previous coursework:

PB prerequisites (see checklist):	Grade	Where taken	Date taken
College level precalculus (or Calculus)	_____	_____	_____
College level expository writing	_____	_____	_____

Have you ever taken any of the following courses at the college/university level, or gotten AP credit for them?

If so, please circle any taken and list the, grade, institution, and year taken.

	Grade	Grade	Grade	Where taken	Year taken
General Biology	1 _____	2 _____	lab _____	_____	_____
General Chemistry	1 _____	2 _____	lab _____	_____	_____
Organic Chemistry	1 _____	2 _____	lab _____	_____	_____
General Physics	1 _____	2 _____	lab _____	_____	_____
Statistics	1 _____	2 _____	lab _____	_____	_____
Psychology	1 _____	2 _____	lab _____	_____	_____
Sociology	1 _____	2 _____	lab _____	_____	_____

Any upper level science courses please specify _____

How did you learn about our program? _____

By signing below, you certify that all information provided on this application is complete and accurate.

Signature of Applicant

Date