1. **Area of Interest?**
   - Medical (Allopathic)
   - Medical (Osteopathic)
   - Dentistry
   - Podiatry
   - Optometry
   - Physician Assistant
   - Physical Therapy
   - Nursing
   - Pharmacy
   - Dental Hygiene
   - Occupational Therapy

2. **Class Standing?**
   - Freshman
   - Sophomore
   - Junior
   - Senior
   - Alumni
   - Grad Student
   - SIE

3. **What is/was your major?**
   Graduation Date (Expected):

4. **Expected year of professional school matriculation:**

5. **Who is your academic advisor?**

6. **If you are taking the MCAT/GRE/DAT/OAT this year, what date(s) are you considering?**

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**Questions**

to be filled out **BEFORE** your meeting:

1. 
2. 
3. 
4. 
5. 
6. 

**Experiential Activities**

Or you may attach an updated resume

- Clinical Experience
- Community Service
- Research
- Leadership
- Other (i.e., Paid Employment, Study Abroad, Internships, Awards, etc.)

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Please visit our website to see the pre-requisite coursework required for your chosen career path. Students are responsible for knowing the individual requirements of specific schools to which they apply.

Updated November 2017