

APPLICATION FOR AN INTERVIEW WITH THE HEALTH PROFESSIONS COMMITTEE

Application to request an interview with the Health Professions Committee.

Many medicine-related professional schools suggest that students include letters of support from a health committee. A committee letter is favored by medicine-related schools because it should be more objective than personal letters of support. Committee letters are not mandatory for any medical or dental schools. Stockton will provide a committee letter to qualified applicants. Students should be submitting individual letters of recommendation to medical or dental school in addition to the committee letter. Students should notify the committee no later than Spring Break that they intend to request a letter for the next application cycle. They are strongly encouraged to get feedback on their personal statements prior to submitting their application. Interviews can only be scheduled once test scores are received and may be scheduled through the middle of June. Letters will generally be completed within two weeks of the interview. Only positive letters will be provided. If, after the interview, the committee does not feel that they can write a strong letter of support, the applicant will be notified that no letter will be provided. Students who have received an interview offer from a professional school and would like to schedule a mock interview can do so with this same form, regardless of whether or not they had requested a committee letter.

Minimum Requirements for a Committee Letter

- Overall GPA of 3.5
- Science GPA of 3.65
- Clinical/shadowing experience
- Three letters of recommendation, two from science faculty
- **Test score minimum:**
 - MCAT – 506
 - DAT – 20
 - PCAT 415

All questions regarding the Health Professions Committee may be directed to:

Dr. Elizabeth Pollock
Associate Professor of Chemistry
Coordinator of Health Professions Committee
USC1 - 215
Elizabeth.Pollock@stockton.edu
609-626-3573

PERSONAL INFORMATION

Last name	First	Middle		
Address	City	State	Zip	
Phone number		Z number		
Email		DOB: MM	DD	YYYY

Colleges and Universities Attended

List all colleges attended starting with the most recent.

School	Dates Attended	GPA	Degree
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Test Scores:

Test name	Score	Date	Test name	Score	Date
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Extracurriculars

Please list up to 15 work and extra-curricular activities, awards, honors, or publications you'd like to bring to the attention of the committee.

Multi-line text fields below with scrolling functionality.

Extracurriculars (Con't)

Choose three of the above extracurricular activities you consider to be the most meaningful and take up to 1250 characters to explain why that experience was particularly impactful.

Multi-line text fields below with scrolling functionality.

Work experience:

List part time / full time / volunteer / military experience starting with the most recent.

Multi-line text fields below with scrolling functionality.

Personal Statement

Please attach the personal statement you intend to submit to the Medical/Dental School of your choice.

Word or PDF files acceptable

List two people who have provided you with feedback on your personal statement. In just a few words, explain why you felt they could provide helpful advice on the statement.

Multi-line text fields below with scrolling functionality.

References

List the names and addresses of three references who will be submitting letters of evaluation for you (**preferably teachers or professors you know well**). Letter writers can submit reference letters directly to Elizabeth Pollock at the address below.

Return form to:

Elizabeth Pollock – USC1 - 215
101 Vera King Farris Dr.
Galloway, New Jersey 08205

Elizabeth.Pollock@stockton.edu

AGREEMENT

In order for Stockton University to assist me completely and effectively in gaining admission to schools of health profession education, I hereby knowingly and willingly waive any right of access of confidential letters or memoranda of recommendation received by the Stockton University Health Professions Committee, and further waive any right of access to letters or memoranda of recommendation sent in or given at my request by the said Committee to schools of health profession education to which I am applying for admission at the time of application or at any time thereafter.

I understand that I may request a list of persons supplying letters of recommendation submitted to the Committee or given by the Committee in regard to my application for admission to schools of health profession education.

I, the undersigned, have read this waiver and understand its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have signed the ____ day of _____, 20____.

(Signature of Student)

NOTE: This form follows the recommendations by the State Attorney General's Office of New Jersey, and it waives your rights under the Freedom of Information Act. Signing this waiver means that your pre-medical file, including letters of reference, will be confidential.