

Gordon College Pre-Health Professions Information Form

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Instructions

All students who are interested in attending health sciences professional schools after graduation should return this form to Margie Roaf (KOS 217). The form is helpful in tracking your progress and for providing needed information when submitting your letters of evaluation. **Please be sure to contact us with updated information that may not be available at the initial time of completing.**

The information you provide will be held in strict confidence by the health professions committee, headed by Dr. Craig Story. Phone: 978-867-4393 — email: craig.story@gordon.edu

Personal Information

Name _____
Last First Middle Name

Home Address _____

Email _____ Cell Phone (Home) # _____

Professional Interest:

- Medical School Dental School Other _____
 Osteopathic School Veterinary School

AMCAS # _____ AMCAS Letter ID # _____

AACOM # _____

List of Evaluators: _____

List of Schools: _____

Personal Statement

Instructions: Write a 1/2 page statement which includes the following kinds of information: your interest in a health profession, any related experiences, your qualifications, your future goals, and anything else you consider important for the pre-medical committee to know.

PREMEDICAL COMMITTEE ACTION

Date received _____

Date of Interview _____

Notes: