

INFORMATION SHEET FOR HEALTH PROFESSIONS COMMITTEE

(Return to Karen Renneke – Chemistry RNS 336)

Today's Date _____

Applicant _____ Graduation Year _____
Please print

Home town/Primary Residence _____ State _____

Email Address _____ Phone _____

I request and authorize the Health Professions Committee to prepare a committee Letter of Evaluation for me for submission to professional schools to which I apply. I understand that the Health Professions Committee has access to my transcript, my test scores, and that it may request a report on disciplinary action from the Associate Dean of Students. This statement is provided in accordance with The Family Educational Rights and Privacy Act of 1974.

I _____ waive _____ do not waive my right of access to the Health Professions evaluation letter and the dossier prepared on my behalf.

Applicant Signature _____ Date _____

1. Major(s) _____ Concentration(s) _____

2. Future career plans
a. Short-range goals

b. Long-range goals

3. Motivation for career in medicine (may add an extra page)

4. Experiences
a. Employment (since high school)
- On campus

- Summer

b. Experience related to health professions (i.e., volunteer, internships, informal observations)

c. Research experience (when, where, topic)

d. Leadership experience (when, where)

5. Extracurricular activities (music, athletics, service organizations, religious life, etc.)

6. Hobbies and special skills (computer, photography, etc.)

7. St. Olaf faculty to complete the evaluation form (3-5 names). **It is your responsibility to see to it they receive the form and complete it. This form and a minim of 3 faculty evaluations forms must be received by April 1st to ensure an interview in the spring.**

a. _____

d. _____

b. _____

e. _____

c. _____

8. Anything else the committee should know.

9. Do you intend to apply for early decision? Yes No

Please attach a current unofficial grade audit to this form.

<http://www.stolaf.edu/depts/biomed/>