

**APPLICATION FOR ADMISSION
 POST-BACCALAUREATE CERTIFICATE FOR PRE-HEALTH PROFESSIONALS**

 Last Name First MI CIN

 Mailing Address City/State Zip

(____) (____)
 Home Phone Cell Phone E-mail

- I am a US citizen
- or a permanent resident of the US Alien Registration # _____
- Country of citizenship other than the US _____
- Other (specify) _____

ETHNIC BACKGROUND (OPTIONAL)

- Native American
- African American
- Hispanic _____
- Asian/Pacific Islander
- Caucasian
- Other _____

GENDER

- Female
- Male
- Other

ACADEMIC INFORMATION

ALL UNDERGRADUATE COLLEGES/UNIVERSITIES ATTENDED:

INSTITUTION	START AND END DATE	CUMULATIVE GPA	MAJOR GPA	MAJOR	DATE DEGREE RECEIVED

ALL GRADUATE COLLEGES OR PROGRAMS ATTENDED:

INSTITUTION	START AND END DATE	CUMULATIVE GPA	MAJOR GPA	MAJOR	DATE DEGREE RECEIVED

How did you hear about this certificate program? _____

Were you ever the recipient of any action by any college for unacceptable academic performance and/or school code violations? Yes No (If yes, please explain on a separate sheet)

In the space provided only, list the college-level medical school prerequisite science and math courses you have taken. **Please note that one year in a semester system equals two semesters and one year in a quarter system equals three quarters.**

REQUIRED COURSES	INSTITUTION	COURSE NUMBER & TITLE	QTR/SEM COMPLETED	UNITS	GRADE
General Biology with lab					
General Biology with lab					
General Biology with lab					
General Chemistry with lab					
General Chemistry with lab					
General Chemistry with lab					
General Physics with lab					
General Physics with lab					
General Physics with lab					
Organic Chemistry with lab					
Organic Chemistry with lab					
Organic Chemistry with lab					
College Mathematics					
General Genetics with lab					
Cell Biology with lab					

OTHER UPPER DIVISION SCIENCE COURSEWORK (ATTACH ADDITIONAL SHEET IF NECESSARY)

MCAT, DAT (no more than three years old) [IF APPLICABLE]

DATE TAKEN	VR	PS	BS	WRITING SAMPLE

GRE (IF APPLICABLE)

DATE TAKEN	VERBAL	QUANTITATIVE	ANALYTICAL	ADVANCED

CURRENT EMPLOYMENT

EMPLOYER NAME	POSITION	CITY AND STATE	HOURS PER WEEK

HONORS AND AWARDS

HONOR/AWARD	AWARDING ORGANIZATION	DATE	

EXTRACURRICULAR ACTIVITIES

ORGANIZATION	POSITION	START & END DATE	HOURS PER WEEK

VOLUNTEER ACTIVITIES

ORGANIZATION	POSITION	START & END DATE	HOURS PER WEEK

LETTERS OF RECOMMENDATION

Two letters of recommendation are required. List the individuals who will be submitting letters. At least one evaluator should be a faculty member.

NAME AND TITLE	INSTITUTION	PHONE	EMAIL

PERSONAL STATEMENT

On a separate sheet of paper, please discuss your professional goals and any previous experiences that have influenced your decision to become a health care provider. In particular, why would you like to participate in the CSULA Post-Bac Certificate Program and what do you hope to gain from this experience? (Your essay must not exceed one page).

I understand that all material presented in support of this application will be treated as confidential information by CSULA. I believe all information submitted in this application to be truthful and accurate.

Applicant's Signature

Date

Application Checklist:

- Post-Baccalaureate Certificate Program for Pre-Health Professionals Application
- Official Transcripts from all colleges attended
- Personal Statement
- Two Letters of Recommendation (directly from the originator)
- Official MCAT or standardized test score (if applicable)
- Letter of Rejection (if applicable)
- Letter Verifying Waiting List status (if applicable)