



Medical College Admission Test (MCAT) Preparation Program

UAMS
College of Medicine
Center for Diversity Affairs

Program Information

The University of Arkansas for Medical Sciences College of Medicine Center for Diversity Affairs is pleased to announce an MCAT Preparation Program for undergraduate students. This intensive 2 ½ week program, designed for students interested in medical careers, will provide instruction and skills necessary for optimal performance on the exam.

PROGRAM SCOPE

A review of general chemistry, organic chemistry, biology, physics, verbal reasoning and essay writing. Students will be required to take a pre- and post-exam.

APPLICATION PROCEDURES

Submit:

- Program Application
- Official Transcript from current college
- College Science Faculty Recommendation Letter
- Passport-size photograph (Optional)

ELIGIBILITY

- U.S. citizen or permanent resident
- Completion of the junior, senior or graduate year of college by June, 2009
- Minimum cumulative G.P.A. of 2.7
- Demonstrated interest in a medical career.

TUITION

Tuition	\$ 100.00
<u>Course Text</u>	<u>\$ 150.00</u>
Total	\$ 250.00

If you want to borrow a text, send a check for each amount (\$150 will be refunded at end of course)

Important Dates:

- May 1, 2009** Application materials, official transcript and personal reference must be received on or before this date.
- May 8, 2009** Accepted and alternate participants will be notified on or before this date.

- May 18, 2009** Registration and the first day of the program.
- June 3, 2009** Last day of the program and post exam.

Mail Transcripts and E-mail Applications to:

James N. Pasley, Ph.D., Director
 MCAT Preparation Program
 Office of Educational Advancement
 College of Medicine
 University of Arkansas for Medical Sciences
 4301 W. Markham St., #558
 Little Rock, Arkansas 72205-7199
PasleyJamesN.@uams.edu

Medical College Admission Test (MCAT) Preparation Program
Program Application

Personal Information:

1. Name _____ SSN: _____ Option: In-class WebCT (only)
2. Current Mailing Address and Phone Numbers Start Date (WebCT only option) _____

_____ Zip _____
Phone: H () _____ Cell () _____ W () _____
E-mail address _____
Permanent Address _____ Zip _____

Emergency Contact Person

- Name _____ Relationship _____
Telephone (H) _____ / _____ / _____ Telephone (W) _____ / _____ / _____
Telephone (C) _____ / _____ / _____ E-mail address _____

3. Male ___ Female ___
4. How do you describe yourself?
African American ___ Caucasian ___ Latino ___ Native American ___ Other (Specify) _____

5. Current College / University _____

6. Status: Junior ___ Senior ___ Graduate ___
7. Undergraduate Major _____ Minor _____
8. Science GPA _____ Overall GPA _____

9. List your SAT/ACT scores
SAT/Verbal _____ Quantitative _____
ACT/Verbal _____ Composite _____

Check classes you have completed or are currently enrolled:

- ___ Physics I ___ Chem I ___ Bio I ___ Organic I ___ Bio Chem ___ Anatomy
___ Physics II ___ Chem II ___ Bio II ___ Organic II ___ Micro ___ Genetics

Other Science courses: _____

Personal Reference Information

Contact information of a science faculty member who will serve as a personal reference.

- Name _____
Position _____
Address _____
_____ Zip _____ Telephone _____ / _____ / _____
E-Mail: _____

I certify that the information supplied in this application is complete and accurate to the best of my knowledge and belief. _____

Signature

Date