

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