

### 2022 COMMITTEE INTERVIEW APPLICATION

The Health Preprofessional Advisement Committee invites applications for Committee Interviews. Successful interviewees will receive a Committee letter to be sent in support of their professional school application.

Committee interviews are limited to pre-medical, pre-dental, pre-optometry candidates. To qualify for a Committee Interview, a new applicant must meet the following requirements:

- Must have a cumulative GPA of at least 3.25.
- Must be an undergraduate, or recent alumnus of SIU. Eligibility for graduate students will be evaluated on a case-by-case basis. Student must be on track to apply to professional school in the year in which a letter is sought.
- Transfer students must complete the final 50 hours of coursework at SIU.
- The applicant must not have graduated more than four years prior to expected professional school matriculation.
- The applicant must not be seeking or have been awarded a subsequent degree (undergraduate or graduate) from another university or college.
- The applicant must secure at least two letters of recommendation from science faculty at SIU *who taught the student*, and one letter from either another SIU faculty, health professional, or community member.
- The applicant must submit evidence of two full-length practice entrance exams, taken at least 2 months apart OR an official entrance exam score from the provider by the time of the interview.
- The applicant must grant permission to the Health Professions Advisor to view their entrance exam scores and application status through the relevant testing/application services. *Committee letters, even if awarded, will not be uploaded in support of an application if the HP Office is denied access to official exam scores/application status.*
- The applicant must meet all paperwork deadlines:
  - November 1: Deadline for submission of the Intent to Apply form.
  - December 21: Deadline for submission of the HPA Committee Interview application packet.
  - February 15: Deadline for submission of supporting letters of recommendation.
  - February 15: Deadline for participation in a preliminary interview and submission of supplemental materials to the Health Professions Office.

This application must be received by 4:30 pm on December 21. Partial packets will not be accepted. Late applications will not be accepted. Juniors who intend to take a gap year should apply for a Committee Interview during their senior year. Complete applications will include:

- this completed application form,
- a copy of unofficial transcripts from all higher education institutions attended other than SIU
- proof of completion of a full-length practice entrance exam (MCAT, DAT, OAT, GRE) including scores from the provider, and
- a professional-style headshot photograph of the applicant.

Applications and all supporting documents should be submitted in a single email to [health-professions@cos.siu.edu](mailto:health-professions@cos.siu.edu).

Applicant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

DAWG TAG \_\_\_\_\_

CUMULATIVE GPA \_\_\_\_\_

Major \_\_\_\_\_ Specialization \_\_\_\_\_

Minor(s)

Transfer Student Yes No

Transfer from: \_\_\_\_\_ OR N/A

- Student is a
- Chancellor’s Scholar
  - University Excellence Scholar
  - Dean’s Scholar
  - Saluki Gold Scholar
  - Saluki Silver Scholar
  - Saluki Maroon Scholar

By my signature below:

- I forever relinquish my right to view the content of my Committee file, including any comments by interviewers, notes, audio/video recordings, my Committee letter, if awarded, and any letters of recommendation, academic evaluations, or other materials submitted in support of this application.
- I understand that the Committee letter and any attached letters of recommendation will not be forwarded for any purpose other than the application of a student to medical, dental, or optometry school.
- I grant the HPAC permission to confidentially review all my academic, student conduct and disciplinary records maintained by the Registrar and Dean of Student Office.
- I certify that the information I have provided in this application is true and correct to the best of my knowledge and ability.
- I agree that I will release my application information (through the application service) to my health professions advisor.

Applicant Signature

Date

For Office Use Only

Applicant Name _____
Application ___ COMPLETE ___ NOT COMPLETE Date/Time Rcvd _____

## CORE PREPROFESSIONAL COURSE LIST

STUDENT: \_\_\_\_\_

### REQUIRED CORE COURSES

Course	Hours	Grade	SIUC: list course number. Transfer: list school where taken
English Composition I			
English Composition II			
General Biology I with lab			
General Biology II with lab			
General Chemistry I			
General Chemistry I Lab			
General Chemistry II			
General Chemistry II Lab			
Organic Chemistry I			
Organic Chemistry I Lab			
Organic Chemistry II			
Organic Chemistry II Lab (optional)			
Biochemistry			
Biochemistry Lab			
Physics I			
Physics I Laboratory			
Physics II			
Physics II Laboratory			
Microbiology I			
Genetics or Evolutionary Biology			
Human Anatomy			
Physiology			
College Algebra or better			

If you did not take two semesters called general biology, list the first two courses (with laboratories) you took in any biological science (e.g. Zoology, Physiology, etc.).

### CORE ADVANCED COURSES

Course	Hours	Grade	SIUC: list course number. Transfer: list school where taken
Statistics			
Cell Biology			
Calculus (if a PHSL major)			
Intro Psychology			
Intro Sociology			
Logic			
Ethics			
SCI 201			

### STRONGLY RECOMMENDED

Course	Hours	List SIU course numbers only (followed by grade in parentheses)
<i>Example</i>	<i>10</i>	<i>PHSL 410A (A-); PHSL 410B (B)</i>
Advanced Anatomy		
Advanced Physiology		
Advanced Psychology		
Other Biology		
Other Microbiology		
Adv. Science/Math		

EMPLOYMENT

List up to four positions of employment. Please include job title, name of organization, dates of employment, total number of hours worked. Please also include any experiences/learning opportunities that this position brought you that are relevant to your health professional career tract.

Job Title Employer Dates	Job Description/Skills/Learning Experiences

ACADEMIC AWARDS/SCHOLARSHIPS

List any academic awards and/or scholarships. Include monetary value.

RESEARCH EXPERIENCE

List your research experience with details of the activities in which you participated or for which you were responsible. List any conference posters or oral presentations, or papers you authored that arose from this experience. Please related this experience to your pre-health professional tract. If you do not have research experience, leave this section blank.

#### SHADOWING EXPERIENCE

Discuss your shadowing experiences, including name and type of professional observed, examples of what was observed, and total hours shadowing each practitioner. Discuss any noteworthy experiences. Provide dates (MM/YR or ranges). If you do not have shadowing experience, please describe your efforts/plans to obtain it.

#### CLINICAL EXPERIENCE

Describe the nature and extent of any clinical experience you have gained. Include your position, company name, name of direct supervisor, date range, and total hours as of 12/15/2021. Briefly describe your duties and discuss any noteworthy experiences. If you have no clinical experience and your field expects it, describe your efforts/plans to obtain it by the time of application.

#### RECURRING VOLUNTEER WORK

Describe the nature and extent of any recurring volunteer experience you have gained. Include your volunteer position, organization name, name of direct supervisor, total hours as of 12/15. Indicate whether you participated individually or as part of a group/organization. Briefly describe your duties and discuss any noteworthy experiences.

#### SINGLE INSTANCE VOLUNTEER WORK

Please provide event, dates, hours, and description of duties. Please indicate if this was part of a group volunteer effort (e.g., RSO, sports team, etc.).

#### ORGANIZED GROUP ACTIVITIES

Comment on campus activities, including varsity athletics, RSO activities, intramural participation, etc., giving for each the degree of participation, any office held, dates of participation and the average number of hours spent per week. Also include any off-campus organized activities that you participate in on a regular basis.

#### PERSONAL ACTIVITIES/HOBBIES

Comment on hobbies, recreational activities, and other uses of your time, giving for each the degree of involvement, the average number of hours spent per week or per month, and any new skills or interests that have been developed.

#### TYPICAL WEEK

What is your typical week like? How many hours per week do you study? Spend with volunteer activities? Employment? In preparation of your entrance exam? Etc.? Please summarize this information briefly. Please DO NOT give your daily schedule.

#### FROM WHOM WE SHOULD EXPECT ACADEMIC EVALUATIONS?

Three academic evaluations are required. At least two must be from SIU faculty in CALPS. All faculty evaluations must be from professors *who have taught you in an organized class*.

#### PLEASE INDICATE ANY INDIVIDUALS FROM WHOM WE SHOULD EXPECT LETTERS OF RECOMMENDATION

Three letters of recommendation are required. Up to two additional letters of recommendation are encouraged. *A well-written letter from a practicing health professional is preferred*. Please provide information on the individuals that you intend to ask for recommendations.



#### PERSONAL STATEMENT

Describe your motivation to pursue a professional health care career *in depth*. Discuss significant experiences that impacted your decision and the steps you have taken to prepare since then. Steer away from a “chronological” format which is less compelling than a “story” format. You may wish to write about your personal philosophy and include patient/provider anecdotes. This section should be 5300 characters maximum. Use Calibri 9 pt type. Block paragraph style—one space between paragraphs, do not indent. **If you cut and paste, make sure that your content is transferred completely.**

