University of Rochester
Post-Baccalaureate Pre-Medical Program

Self-Managed Application for Admission

NOTE: Instructions for completing this application are on the website. It is important to follow them carefully, as we are unable to consider incomplete applications.

Please include the following materials with this application:

- Essay concerning decision to enter the health professions
- Description of volunteer or work experience in a health-care setting
- Statement concerning experience in math and science courses
- Comprehensive résumé
- An official transcript from every post-secondary school, undergraduate and graduate, that you have attended
- SAT, ACT, or GRE scores
- Two letters of recommendation
- Non-refundable $60 application fee (check payable to University of Rochester)

Please send all materials in one envelope to:

Post-Baccalaureate Pre-Medical Program
Lattimore 312
R.C. Box Number 270402
University of Rochester
Rochester, NY 14627

I am applying for entrance in (check one): ◉ Fall ○ Summer 20___
I am interested in: ☐ Medicine ☐ Dentistry ☐ Veterinary Medicine
Other_____

Personal Information:

Name_____
Last First M.I.
Mailing Address: Street_____
City_____State_____ZIP_____
Permanent Address: Street_____
City_____State_____ZIP_____
Daytime Telephone Number (_____)_____ Cell (_____)_____
Evening Telephone Number (_____)_____
Email Address _____

Social Security Number _____-_____-_____ Date of Birth _____/_____/_____
Place of Birth _____ ○ Male ○ Female
Citizenship _____ If you are not a U.S. citizen, are you a permanent resident of the U.S.? ○ Yes ○ No

Are you Hispanic/Latino? ◯Yes ◯No

Regardless of your answer to the prior question, please select one or more races you identify with:

◯American Indian or Alaska Native ◯Asian ◯Black or African American

◯Native Hawaiian or other Pacific Islander ◯White

Spouse or domestic partner's

Name _____

Last First

Dependent

Children_____

Number of children Ages

What is your current

job?_____

Postsecondary Education:

Please list all colleges and graduate programs you have attended, most recent school first. An official transcript should be included here for every school listed:

Name of Institution _____

Dates of Attendance _____ Degree_____

Major _____

Name of Institution _____

Dates of Attendance _____ Degree_____

Major _____

Name of Institution _____

Dates of Attendance _____ Degree_____

Major _____

How did you hear about the University of Rochester's Post-baccalaureate Pre-medical Program?

Have you ever received disciplinary sanction for unacceptable academic performance or conduct? ◯Yes ◯No (If yes, please explain on a separate sheet of paper.)

Have you ever been convicted of a felony? ◯Yes ◯No

(If yes, please explain on a separate sheet of paper.)

I certify that the information presented in this application is accurate, complete, and current.

Signature_____

Date_____

University of Rochester
Post-baccalaureate Pre-medical Program

Academic Recommendation Form

Name of applicant Da te

Name of recommender

Applicant's address

City State Zip

Read the following waiver statements and check the one you prefer. The Family Educational Rights and Privacy Act of 1974 entitles students to have access to letters of evaluation in their permanent record at the University of Rochester. If the applicant waives this right of access, the letters of evaluation will be considered confidential and will not be available to the student. (If you do not sign, your access to the letter will be waived.)

☐ I waive my right of access to this letter of recommendation.
☐ I do not waive my right of access to this letter of recommendation.

Signature Date

Instructions for the applicant:
Please complete the top section of this form, and then give this form, along with a self-addressed, stamped envelope, to a faculty member in your major area of study. Please inform your recommender of application deadlines and allow adequate time to meet them.

Instructions for the recommender:
The applicant named above is applying to the University of Rochester's Post-baccalaureate Pre-medical Program. Please attach a letter of recommendation, written on college or university letterhead, to this form. Your letter should address the applicant's intellectual ability, academic qualifications, character, and potential for success as a future medical student and physician (or other health care professional). **Please sign your name across the flap of the sealed envelope before returning the letter and form to the applicant.**

University of Rochester
Post-baccalaureate Pre-medical Program

Other Recommendation Form

Name of applicant Da te

Name of recommender

Applicant's address

City State Zip

Read the following waiver statements and check the one you prefer. The Family Educational Rights and Privacy Act of 1974 entitles students to have access to letters of evaluation in their permanent record at the University of Rochester. If the applicant waives this right of access, the letters of evaluation will be considered confidential and will not be available to the student. (If you do not sign, your access to the letter will be waived.)

☐ I waive my right of access to this letter of recommendation.
☐ I do not waive my right of access to this letter of recommendation.

Signature Date

Instructions for the applicant:
Please complete the top section of this form, and then give this form, along with a self-addressed, stamped envelope, to an instructor or employer who knows you well. Please inform your recommender of application deadlines and allow adequate time to meet them.

Instructions for the recommender:
The applicant named above is applying to the University of Rochester's Post-baccalaureate Pre-medical Program. Please attach a letter of recommendation, written on official letterhead, to this form. Your letter should address the applicant's intellectual ability, academic qualifications (if known), character, and potential for success as a future medical student and physician (or other health care professional). **Please sign your name across the flap of the sealed envelope before returning the letter and form to the applicant.**