

2021 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, and pre-veterinary medicine 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.
- At least one-half of the prerequisite science courses must have been taken 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.
- 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.
- The applicant must meet all paperwork deadlines:
 - October 30: Deadline for submission of the Intent to Apply form.
 - December 1: Deadline for submission of the HPA Committee Interview application packet.
 - January 15: Deadline for submission of supporting letters of recommendation.
 - February 1: Deadline for participation in a preliminary interview and submission of supplemental materials to the Health Professions Advisor.

This application must be received by 4:30 pm on Friday, December 1, 2020. 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, 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.

For Office Use Only

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

CORE PREPROFESSIONAL COURSE LIST

STUDENT: _____

REQUIRED CORE COURSES

Course	Hours	Grade	If taken at SIUC, list course number and lecturer. If transferred, list school where taken
General Chemistry I			
General Chemistry I Lab			
General Chemistry II			
General Chemistry II Lab			
Organic Chemistry I			
Organic Chemistry I Lab			
Physics I			
Physics I Laboratory			
Physics II			
Physics II Laboratory			
General Biology I with lab			
General Biology II with lab			
College Algebra			
Trigonometry			
English Composition I			
English Composition II			

CORE ADVANCED COURSES

Course	Hours	Grade	If taken at SIUC, list course number and lecturer. If transferred, list school where taken
Statistics			
Genetics			
Cell Biology			
Calculus			
Human Anatomy with lab			
Intro Psychology			
Intro Sociology			
Introductory Microbiology			

STRONGLY RECOMMENDED

Course	Hours	Grade	If taken at SIUC, list course number and lecturer. If transferred, list school where taken
Physiology with lab			
Other Psychology			
Other Physiology			
Other Biology			
Other Microbiology			
Adv. Science/Math			

If you did not take two semesters called general biology, introductory biology, etc., list the first two courses (with laboratories) you took in any biological science (e.g. Zoology, Physiology, etc.). If you do not know the names of math and English lecturers, list numbers and grades, leaving lecturer blank.

EMPLOYMENT

List up to four of your most recent positions.

EMPLOYER #1	
DATES OF EMPLOYMENT	
DOES THIS POSITION INCLUDE CLINICAL EXPERIENCE?	

Duties

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EMPLOYER #2	
DATES OF EMPLOYMENT	
DOES THIS POSITION INCLUDE CLINICAL EXPERIENCE?	

Duties

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EMPLOYER #3	
DATES OF EMPLOYMENT	
DOES THIS POSITION INCLUDE CLINICAL EXPERIENCE?	

Duties

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EMPLOYER #4	
DATES OF EMPLOYMENT	
DOES THIS POSITION INCLUDE CLINICAL EXPERIENCE?	

Duties

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ACADEMIC AWARDS/SCHOLARSHIPS

AWARD NAME	
GRANTING INSTITUTION	
DATE OF AWARD	
MONETARY AWARD AMOUNT (IF ANY)	
AWARD CRITERIA:	

AWARD NAME	
GRANTING INSTITUTION	
DATE OF AWARD	
MONETARY AWARD AMOUNT (IF ANY)	
AWARD CRITERIA:	

AWARD NAME	
GRANTING INSTITUTION	
DATE OF AWARD	
MONETARY AWARD AMOUNT (IF ANY)	
AWARD CRITERIA:	

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.

IN THE LAB OF	
DIRECT SUPERVISOR (IF DIFFERENT)	
TOTAL HOURS (AS OF 12/1/2020)	

Duties

SHADOWING EXPERIENCE

Discuss your shadowing experiences, including name and type of professional observed, examples of what was observed, and total hours spent observing. Provide dates (MM/YR or ranges).

CLINICAL EXPERIENCE

Describe the nature and extent of any clinical experience you have gained.

POSITION	
COMPANY	
DIRECT SUPERVISOR	
TOTAL HOURS (AS OF 12/1/2020)	

Duties

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POSITION	
COMPANY	
DIRECT SUPERVISOR	
TOTAL HOURS (AS OF 12/1/2020)	

Duties

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POSITION	
COMPANY	
DIRECT SUPERVISOR	
TOTAL HOURS (AS OF 12/1/2020)	

Duties

RECURRING VOLUNTEER WORK

ORGANIZATION 1	
DIRECT SUPERVISOR	
TOTAL HOURS (AS OF 12/1/2020)	
GROUP/CLUB VOLUNTEER EVENT? (Y/N)	

Duties

ORGANIZATION 2	
DIRECT SUPERVISOR	
TOTAL HOURS (AS OF 12/1/2020)	
GROUP/CLUB VOLUNTEER EVENT? (Y/N)	

Duties

ORGANIZATION 3	
DIRECT SUPERVISOR	
TOTAL HOURS (AS OF 12/1/2020)	
GROUP/CLUB VOLUNTEER EVENT? (Y/N)	

Duties

ORGANIZATION 4	
DIRECT SUPERVISOR	
TOTAL HOURS (AS OF 12/1/2020)	
GROUP/CLUB VOLUNTEER EVENT? (Y/N)	

Duties

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 ACTIVITIES

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

PERSONAL ACTIVITIES

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.

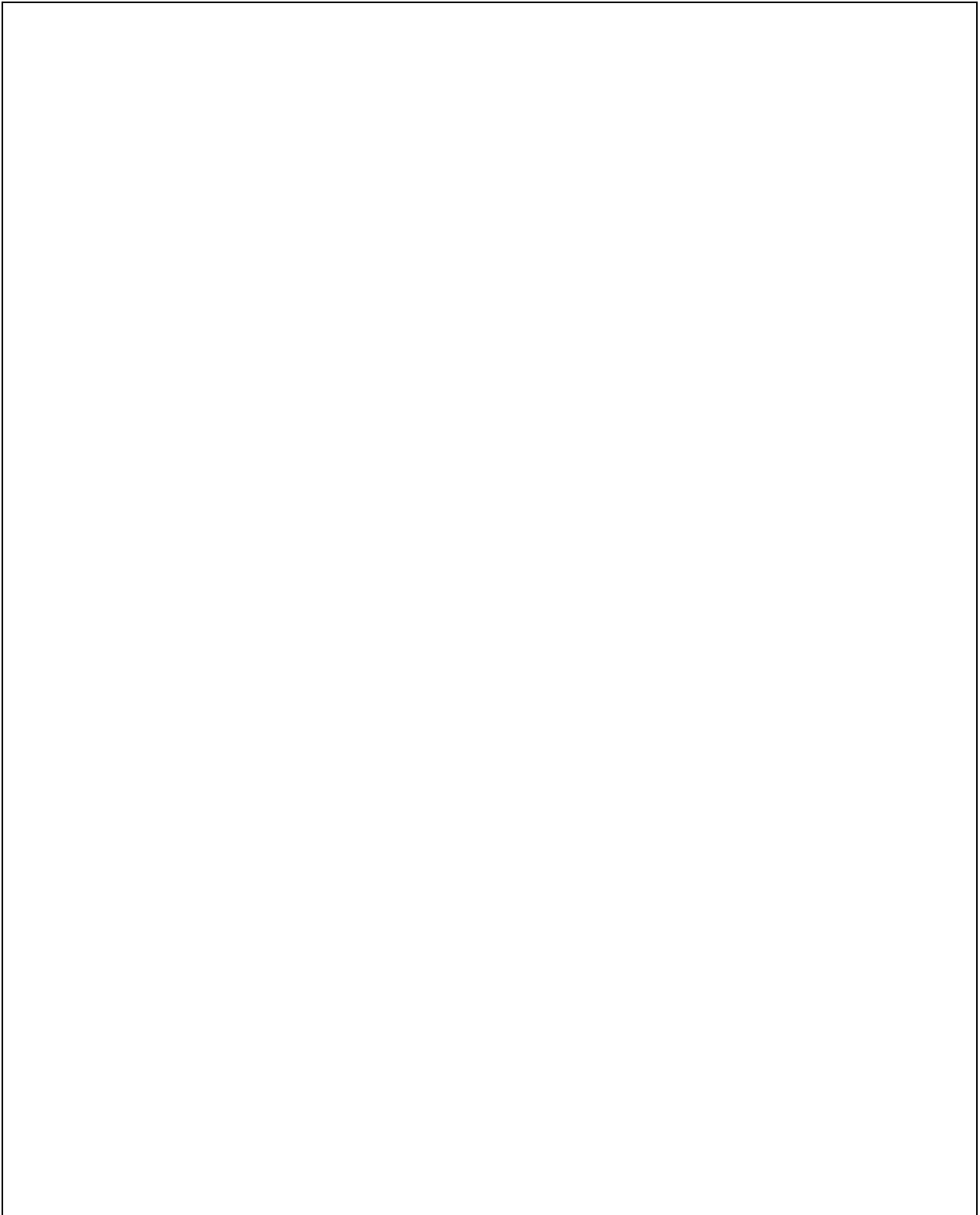
**PLEASE INDICATE THE INDIVIDUALS FROM WHOM
WE SHOULD EXPECT ACADEMIC EVALUATIONS**

Three academic evaluations are required. At least two must be from SIU faculty in the College of Science. All must be from professors who have taught you in an organized class. Please indicate who you intend to ask.

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

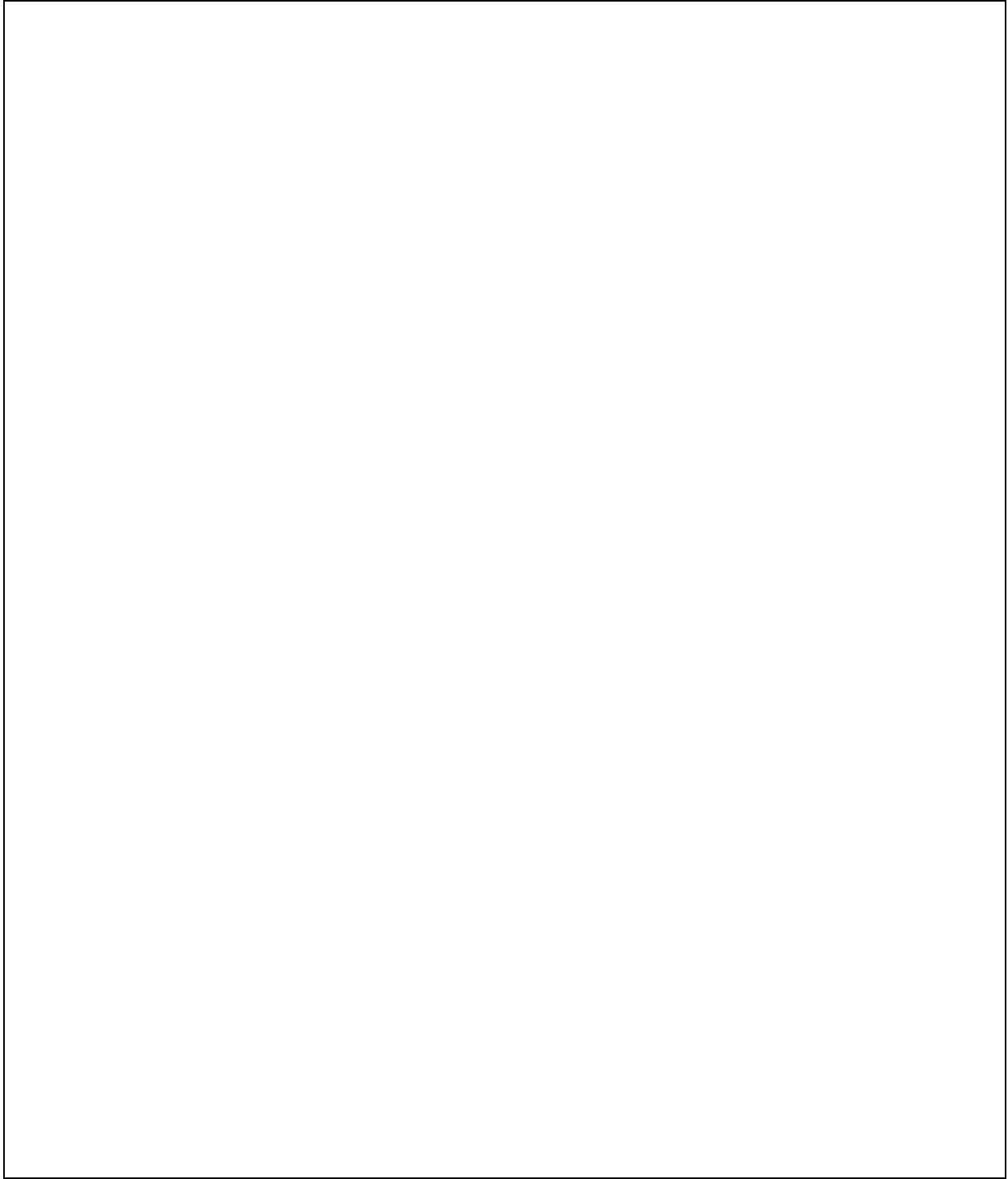
A maximum of two additional letters of recommendation are encouraged. *A well-written letter from a practicing health professional is preferred.* Please indicate who you intend to ask.

HOW HAS COVID-19 IMPACTED YOUR PATHWAY TO PROFESSIONAL SCHOOL?

A large, empty rectangular box with a thin black border, intended for the user to write their response to the question above.

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. Block paragraph style— one space between paragraphs, do not indent.



I certify that the information I have provided in this application is true and correct to the best of my knowledge and ability.

Applicant Signature

Date