

## APPLICATION FOR AN INTERVIEW WITH THE HEALTH PROFESSIONS COMMITTEE

Application to request an interview with the Health Professions Committee.

Many medicine-related professional schools suggest that students include letters of support from a health committee. A committee letter is favored by medicine-related schools because it should be more objective than personal letters of support. Committee letters are not mandatory for any medical or dental schools. Stockton will provide a committee letter to qualified applicants.etal schooleu4vu leth ( 3l)2.6 (0.-6.6 (h ( 3l)2.( l)-6a.6 (i)2.6 (l)2 .3 (ec)8.9 (t)eo0( 3l)2.( l))eo0( 3l)5.9 dental school in addition to the committee letter. Students should notify the committee no later than Spring Break that they intend to request a letter for the next application cycle. They are strongly encouraged to get feedback on their personal statements prior to submitting their application. Interviews can only be scheduled once test scores are received and may be scheduled through the middle of June. Letters will generally be completed within two weeks of the interview. Only positive letters will be provided. If, after the interview, the committee does not feel that they can write a strong letter of support, the applicant will be notified that no letter will be provided. Students who have received an interview offer from a professional school and would like to schedule a mock interview can do so with this same form, regardless of whether or not they had requested a committee letter.

### Minimum Requirements for a Committee Letter

- Overall GPA of 3.5
- Science GPA of 3.65
- Clinical/shadowing experience
- Three letters of recommendation, two from science faculty
- Test score minimum :
  - MCAT – 506
  - DAT – 20
  - PCAT 415

All questions regarding the Health Professions Committee may be directed to:

Dr. Elizabeth Pollock  
Associate Professor of Chemistry  
Coordinator of Health Professions Committee  
USC1 - 215  
[Elizabeth.Pollock@stockton.edu](mailto:Elizabeth.Pollock@stockton.edu)  
609-626-3573

## PERSONAL INFORMATION

Last name	First	Middle		
Address	City	State	Zip	
Phone number		Z number		
Email		DOB: MM	DD	YYYY

## Colleges and Universities Attended

*List all colleges attended starting with the most recent.*

School	Dates Attended	GPA	Degree
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## Test Scores:

Test name	Score	Date	Test name	Score	Date
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## Extracurriculars

Please list up to 15 work and extra-curricular activities, awards, honors, or publications you'd like to bring to the attention of the committee.

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## Extracurriculars (Con't)

Choose three of the abov

## Personal Statement

Please attach the personal statement you intend to submit to the Medical/Dental School of your choice.

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List two people who have provided you with feedback on your personal statement. In just a few words, explain why you felt they could provide helpful advice on the statement.

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## References

List the names and addresses of three references who will be submitting letters of evaluation for you (preferably teachers or professors you know well ). Letter writers can submit reference letters directly to Elizabeth Pollock at the address below.

Return form to:

Elizabeth Pollock – USC1 - 215  
101 Vera King Farris Dr.  
Galloway, New Jersey 08205

Elizabeth.Pollock@stockton.edu

## AGREEMENT

In order for Stockton University to assist me completely and effectively in gaining admission to schools of health profession education, I hereby knowingly and willingly waive any right of access of confidential letters or memoranda of recommendation received by the Stockton University Health Professions Committee, and further waive any right of access to letters or memoranda of recommendation sent in or given at my request by the said Committee to schools of health profession education to which I am applying for admission at the time of application or at any time thereafter.

I understand that I may request a list of persons supplying letters of recommendation submitted to the Committee or given by the Committee in regard to my application for admission to schools of health profession education.

I, the undersigned, have read this waiver and understand its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have signed the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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