

APPLICATION FOR **ADMISSION**

NAME

FIRST MIDDLE LAST

NAME ON TRANSCRIPTS (IF DIFFERENT FROM ABOVE)

MAILING ADDRESS

STREET

CITY STATE ZIP

OTHER CONTACT INFORMATION

E-MAIL (REQUIRED)

PHONE: HOME WORK

CELL PHONE

BIRTH/CITIZENSHIP

DATE OF BIRTH SOCIAL SECURITY NUMBER

CITIZENSHIP

EDUCATION

LAST HIGH SCHOOL ATTENDED	LOCATION	DATE OF GRADUATION
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List below in chronological order all colleges and graduate schools attended. Transcripts must be requested from all schools attended whether or not a degree was received.

NAME	LOCATION	DATES	DEGREE	MAJOR/MINOR
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NAME	LOCATION	DATES	DEGREE	MAJOR/MINOR
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NAME	LOCATION	DATES	DEGREE	MAJOR/MINOR
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List **all** college or graduate-level science and math courses attempted or completed.

COURSE	NAME OF INSTITUTION	DATE COMPLETED	GRADE
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COURSE	NAME OF INSTITUTION	DATE COMPLETED	GRADE
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List **two** English courses completed at the undergraduate level.

COURSE	NAME OF INSTITUTION	DATE COMPLETED	GRADE
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COURSE	NAME OF INSTITUTION	DATE COMPLETED	GRADE
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EMPLOYMENT

Please enclose a résumé.

HONORS OR AWARDS

Please include date received.

MEDICAL EXPERIENCE

Please list any medically-related work you have done, whether paid or volunteer.

ORGANIZATION	TITLE	DATES	HOURS/WEEK
ORGANIZATION	TITLE	DATES	HOURS/WEEK
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COMMUNITY SERVICE OR LEADERSHIP

Please list any activities below.

ORGANIZATION	TITLE	DATES	HOURS/WEEK
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ESSAY

Please attach an essay of up to 1,000 words discussing your reasons for pursuing a career in medicine.

FAMILY INFORMATION

MOTHER:	FULL NAME	OCCUPATION
FATHER:	FULL NAME	OCCUPATION
SPOUSE:	FULL NAME	OCCUPATION

APPLICATION GUIDELINES

Traditionally, we receive more applications than there are slots allotted for the program. Because we accept students on a rolling admissions basis, it is advisable to apply early. With rolling admissions, applications are reviewed as soon as they are completed, and competitive applicants are interviewed. Applicants are usually notified of the committee's decision within two to three weeks of the interview.

Please gather the following application materials and send them to us **in one packet**:

1. A nonrefundable \$50 application fee payable to Goucher College.
2. A completed application form and a current résumé.
3. An essay discussing your reasons for pursuing a career in medicine.
4. Official transcripts of all high school, undergraduate, and graduate work. Transcripts should be in sealed envelopes with a stamp or signature across the seal.

The following items should be sent directly to us by your recommenders and either the relevant testing service or your high school:

1. Two letters of recommendation from people who know you well enough to give an informed opinion of your intellectual ability, capacity for sustained effort, and personal qualifications. Letters

should be in sealed envelopes with the recommender's signature across the seal. In all cases, letters should have the enclosed cover form attached.

2. SAT, GRE, or ACT scores. Standardized scores should be sent directly to us from the issuing testing service. Information about how to request your SAT or GRE scores may be obtained by going to the following websites: **www.collegeboard.com** or **www.gre.org**. ACT scores may be requested at **www.actstudent.org**. If your high school transcript includes a report of your scores, it will suffice as an official copy. Please note that this program's SAT code number is **3169, which is different from the number for the undergraduate Admissions Office at Goucher**. For the GRE, the code is **5257**.

Once we receive a complete application dossier from you, we will contact you by e-mail and let you know when you can expect to have a decision from the Admissions Committee. Please remember that it is your responsibility to ensure that all your application materials have been sent to us.

Please address all correspondence to:
Post-Baccalaureate Premedical Program
Goucher College
1021 Dulaney Valley Road
Baltimore, MD 21204-2794

How did you hear about Goucher's Post-Baccalaureate Premedical Program?

Were you ever the recipient of any disciplinary action (e.g., dismissal, disqualification, suspension, probation, etc.) by any college or graduate school for either unacceptable academic performance or conduct violations? Yes No
If yes, please explain.

Have you ever been convicted of a felony? Yes No
If yes, please explain.

APPLICANT SIGNATURE

In keeping with the Honor Code at Goucher College, my signature below indicates that all information in my application is complete, factually correct, and honestly presented.

SIGNATURE _____

DATE _____

I am planning to enter Goucher's Post-Baccalaureate Premedical Program in June _____
YEAR

Occasional permission is granted to enter the program in the fall if an applicant has previously completed a full year of general chemistry.

Goucher College does not discriminate on the basis of race, sex, sexual orientation, age, religion, color, national or ethnic origin, or disability in admissions to, or treatment in, its educational programs and activities.