

The University of Texas at Tyler Health Professions Advisory Committee

Letters of evaluation are key documents in the application process to professional medical programs. It is imperative that the student request letters from their mentors, both professors and shadowing mentors or others that can speak to student's credentials, activities, experiences, circumstances and accomplishments. Thus, it is highly suggested that students give their evaluators some documentation of these aspects of themselves. In this way, the evaluator can write a better, informed letter that may influence the admissions committee's decision.

Questionnaire

Personal Details

Please Type in the fields. The fields will expand as you type.

Use the spaces as needed to type the answers to the questions. Then print out this form and submit it to the Committee.

I HEREBY CERTIFY THAT ALL INFORMATION ON THIS PERSONAL INFORMATION FORM IS ACCURATE TO THE BEST OF MY ABILITY

Student Signature and Date

Name:
TMDSAS#:
UT Tyler ID:
AMCAS ID:
(required for M.D. applicants only)

Permanent Address

e-mail address:
Home Telephone Number: **Cellular phone:**

Education Details

Grade point averages

GPA at UT Tyler: Overall GPA: Total credits attempted:

Total credits received:

AMCAS: BCPMGPA: AMCAS AO GPA: Total undergraduate GPA:

A. **High School**

Name of High School you graduated from:

City, State, or Country:
Year Graduated:

B. University

Universities/Community Colleges Attended	Dates	Degree Obtained	Major	GPA
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MCAT Details: Number of times MCAT taken:

Dates	Phys. Sci	Verbal	Biol. Sci	Writing
	Phys. Sci	Verbal	Biol. Sci	Writing

Did you attend any preparation course? If so, when?

DAT, OAT, PCAT, GRE scores:

What honors/scholarships have you received at UT Tyler?

Details of service activities since graduating from high school

Starting Date:	Ending Date:	# Hours/Week	Explanation of what you did and where
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Details of shadowing experience since graduating from high school

Starting Date:	Ending Date:	# Hours/Week	Explanation of what you did and where
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Details of leadership activities since graduating from high school

Starting Date:	Ending Date:	# Hours/Week	Explanation of what you did and where
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Employment history since graduating from high school

Starting Date:	Ending Date:	# Hours/Week	Nature of Job, place of employment
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What are your hobbies? List non-job, non-academic activities during the last 2 years.

What extracurricular activities have you participated in since high school? To what clubs/honor societies do you belong?

What do you read for pleasure? List a selection of books (non-academic) read during the last year.

Questions Related to the Health Professions – Please be brief.

- 1. Why do you want to be a _____? (If you have written your TMDSAS/AMCAS essay, or an essay for any other professional school, please attach). When did you decide to pursue this career?**

- 2. Of all your personal qualities, which one do you feel to be the most significant in making you a good _____?**

- 3. Is there anything in your personal background that you would like the Committee to know about?**

- 4. What area of medicine (dentistry, etc.) is currently of most interest to you? Why?**

- 5. If you are not accepted to the professional school for which you are applying, which career would you choose to enter? Why?**

- 6. Write a chronological outline of your experiences since graduating from high school. Include major personal events of significance to your career plans, in addition to your academic history. This will help the Advisory Committee to incorporate these events into the Committee letter.**