Oregon State UNIVERSITY | College of Science
128 Kidder Hall, Corvallis, Oregon 97331-4608 541-737-4811

Pre-medical Information Sheet for Re-applicants

This information will be treated confidentially.

Name: _____ Date: _____

Campus Address: _____ Home Address: _____

_____

Phone (campus): _____ Phone (home): _____

E-mail: _____

We would like the following information for your premedical file so that we can write an informed, updated letter on your behalf.

1. What have you been doing since you graduated from OSU? (If you have been taking classes, please provide a copy of your transcript or report card).

2. Are you planning (or did you) retake the MCAT? If yes, what date _____and how will you (did you) prepare for it (e.g. self-study, Kaplan course, U of O course, etc)

3. Did you receive advice from any of the medical schools regarding specific ways to improve your application this time? If yes, please describe.

4. Why do you think you are a better candidate for admission this year?