



## II. ACADEMIC DATA

### 1. Secondary School

_____	_____	_____
School Name	City, State or Province	Year Graduated

### 2. College(s). Please include Graduate and Professional Schools. Start with most recent attended.

<i>Name &amp; Address</i>	<i>Dates Attended</i>	<i>Major</i>	<i>Degree Received / expected?</i>
_____	_____	_____	<input type="checkbox"/> _____
_____	_____	_____	<input type="checkbox"/> _____
_____	_____	_____	<input type="checkbox"/> _____
_____	_____	_____	<input type="checkbox"/> _____
_____	_____	_____	<input type="checkbox"/> _____

3. Are all of your pre-med requirements completed?  Yes  No If no, when will you complete them: \_\_\_\_\_

## III. MEDICAL COLLEGE ADMISSIONS TEST (MCAT)

_____	_____	_____
Date(s) Taken	Verbal Reasoning	Physical Sciences
_____	_____	_____
Writing Sample	Biological Sciences	Number of MCAT's Taken

## IV. PRE-MEDICAL COURSEWORK

<i>Course</i>	<i>School(s)</i>	<i>Grade</i>	<i>North American Equivalent</i>
General Chemistry (*)	_____	_____	_____
Organic Chemistry (*)	_____	_____	_____
Biochemistry	_____	_____	_____
Physiology	_____	_____	_____
Physics (*)	_____	_____	_____
Biology (*)	_____	_____	_____
Genetics	_____	_____	_____
Zoology	_____	_____	_____
Histology	_____	_____	_____
Descriptive Geometry	_____	_____	_____
Calculus	_____	_____	_____
Differential Equations	_____	_____	_____
Statistics	_____	_____	_____
English (*)	_____	_____	_____

\* = Required Course

## V. GRADE POINT AVERAGE

<i>Annual</i>		<i>Cumulative</i>	<i>Cumulative math/science</i>
1. Freshman: _____	3. Junior: _____	5. Undergraduate: _____	7. Undergraduate: _____
2. Sophomore: _____	4. Senior: _____	6. Graduate: _____	8. Graduate: _____



