

**Birthdate:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_  
City, State

## Section II. Family Information

---

Who did you live with during childhood: ☐ Parents ☐ Grandparents ☐ Aunt/Uncle  
☐ Sibling ☐ Other : \_\_\_\_\_  
(Please Specify)

Mother/Other Female's Highest Degree Earned: ☐ None ☐ GED ☐ HS Diploma ☐ Certificate  
☐ Associate ☐ Bachelor ☐ Master ☐ Doctoral

Date(s) of Degree(s): \_\_\_\_\_

Father/Other Male's Highest Degree Earned: ☐ None ☐ GED ☐ HS Diploma ☐ Certificate  
☐ Associate ☐ Bachelor ☐ Master ☐ Doctoral

Date(s) of Degree(s): \_\_\_\_\_

Is English the primary language spoken in the home? ☐ Yes ☐ No \_\_\_\_\_  
(Primary Language Spoken)

## Section III. Educational Information

---

College Currently Attending: \_\_\_\_\_ Location: \_\_\_\_\_

Current Overall GPA: \_\_\_\_\_ Major: \_\_\_\_\_

Other Colleges Attended 1. \_\_\_\_\_ 2. \_\_\_\_\_

High School Attended: \_\_\_\_\_ HS GPA: \_\_\_\_\_

City, County and State: \_\_\_\_\_

College Classification: ☐ Fr <30 hrs ☐ So <60 hrs ☐ Jr <90 hrs ☐ Sr ☐ Post-Bac

Courses Completed: ☐ Biology I ☐ Chemistry I ☐ Physics I ☐ Organic Chemistry I  
☐ Biology II ☐ Chemistry II ☐ Physics II ☐ Organic Chemistry II  
☐ Math \_\_\_\_\_  
(List Math Courses Taken)

### Science and Math Grade Point Calculation (Please Type or Print Clearly)

Please provide information for ALL Science and Math courses taken. (If you repeated a course, you must provide the information for each time you took the course.)

Use additional sheet if necessary

[illegible]

Semester/Quarter Codes: F=Fall, W=Winter, Sp=Spring, Su=Summer

Quality Points:

The number of credit hours multiplied by the grade points value

For example: A student earned an A in Gen Biology I.

4 credit hours X 4 grade points = 16 quality points

		A	=4	A-	=3.7
B+	3.3	B	=3	B-	=2.7
C+	2.3	C	=2	C-	=1.7
D+	1.3	D	=1		
		F	=0		

Please indicate which of the following standardized exams you have taken.

ACT/SAT

Date Taken	English/Verbal	Math/Quantitative	Reading	Science Reas.	Composite

GRE/MCAT/PCAT/DAT, etc. (Send a copy of each score report taken)

Date Taken	Exam	Subsection scores	Composite

I plan on taking the \_\_\_\_\_  
Exam Type(s) and Date(s)

Have you attended other academic or career enrichment programs? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Such as (Upward Bound, Talent Search, Gear Up, Student Support Services, McNair, Research Programs)

If yes, please list program(s): \_\_\_\_\_  
\_\_\_\_\_

Please list any awards, honors, extracurricular activities, community involvement, science or health-related activities, and employment. (Use additional sheets as necessary)

#### **Section IV. Career Interest Information**

---

What is your primary career interest?

- ☐ Medicine
- ☐ Dentistry
- ☐ Pharmacy
- ☐ Basic Sciences/Biomedical Research (Biology, Chemistry, etc)
- ☐ Behavioral or Social Sciences (Psychology, Sociology, Social Work, etc.)
- ☐ Health Sciences (Physical Therapy, Speech Therapy/Audiology, etc.)
- ☐ Other (Please Specify) \_\_\_\_\_

In the space below, tell us a little about your background, educational experiences, college and career plans and how participation in this program will assist you with your career goals (200 word minimum).

## Section V. Additional Requirements for Applicants

---

### A. Federal Income Tax Return Information

- \_\_\_\_\_ Someone claimed me as a dependent on their federal income tax return last year.  
Then **they MUST** send a copy of their return.
- \_\_\_\_\_ No one claimed me as a dependent and I filed a federal income tax return last year.  
Then **you MUST** send a copy of your return.
- \_\_\_\_\_ I did not file a federal income tax return nor did anyone claim me as a dependent on their tax return last year.  
Then **you MUST** provide a written statement with signature.

### B. Additional School Information

1. You are required to submit **TWO** evaluations. One must be from a **math or science professor** who has taught you in class. The other can be from another professor or your advisor. They will assess your academic ability and your motivation to attend professional school. Please provide the following information for each person who will evaluate you.

Name	Title & Department	Address	Telephone	Email address

2. You are required to have an **official** transcript from **EACH** college you have attended submitted directly from the registrar's office to the Pre-Health Outreach Office.
3. Have you ever been convicted of a felony? \_\_\_\_\_ Yes\* \_\_\_\_\_ No
4. Have you ever been subject to any school disciplinary action for conduct violations? \_\_\_\_\_ Yes\* \_\_\_\_\_ No  
If you answered yes to question 3 or 4, you must explain fully on a separate sheet of paper.

My signature below indicates that, to the best of my knowledge, the information given in this application is true, complete, and accurate. I understand that failure to submit correct and complete information shall be considered as a false oath on an official document, and may result in my immediate dismissal from the program.

---

Applicant Signature

Date

East Tennessee State University makes available to prospective students the ETSU Security Information Report. The Report is available upon request from the Department of Public Safety, Box 70646, ETSU, Johnson City, TN 37614-1702 or the Office Student Affairs, Box 70580, ETSU, Johnson City, TN 37614-1708. The report can be accessed on the internet at: [http://www.etsu.edu/dps/security\\_report.htm](http://www.etsu.edu/dps/security_report.htm).

## **APPLICANT'S AGREEMENT**

---

**Please read the following releases carefully, sign and return with your application.**

### **Liability Release**

I, hereby on behalf of myself, my assignees, etc., release any and all claims against and hold harmless East Tennessee State University Pre-Health Outreach Program personnel for any and all personal injury, property damage, or any other claims not due to gross negligence. This agreement is made in consideration of the acceptance of the applicant into the program.

---

Pre-Health Applicant signature

Date

### **Press/Picture Release**

I, hereby give permission for my photograph to be taken in connection with the activities of the Pre-Health Outreach Programs at East Tennessee State University should I be selected for participation and to be used by it or its agencies in newspapers, magazines, television, or other presentations.

---

Pre-Health Applicant signature

Date