

PRE-MED EDUCATION AND DEVELOPMENT PREPARATION FOR MCAT AND MED SCHOOL APPLICATION BIOLOGY 435 CRN3699 APPLICATION FOR 2010-2011

ELIGIBILITY REQUIREMENTS

1. Enrolled full-time as an undergraduate at NMHU.
2. NM resident OR considered as having close ties to NM as described by UNM School of Medicine.
Non-residents may apply but are not eligible for financial benefits.
3. Must have completed or be enrolled in at least 16 hours in 200-level STEM courses.
4. Must have a NMHU cumulative grade point average of 3.0 and maintain a 3.0 GPA per semester in the Sciences.
5. Planning to apply to one of the following health-related professional schools/programs during your senior year:
 - Medical School
 - Veterinary School
 - Pharmacy School
 - Dental School
 - Physical Therapy
 - Physician's Assistant
6. Become an active member of the Science Club.
7. Have declared a major and be assigned to an advisor in your major.

PROGRAM BENEFITS

- Assistance obtaining a physician mentor for job shadowing opportunities.
- Opportunities to explore various health careers with panels of experts and through field trips.
- MCAT preparation courses or access to other pre-professional testing materials (GRE, PCAT, DAT).
- Workshops and assistance with health professional school applications.
- Practice with interviewing skills.
- NMHU credit for pre-professional health preparation course and/or clinical rotation independent study.

In addition to the benefits above, the students participating in the program receive*:

- One-time fee waiver for the MCAT Exam (or GRE, PCAT, DAT) - approximate value \$220.
- Travel reimbursement to MCAT/GRE Test site – approximate value \$80
- Fee waiver for one professional school application – approximate value \$200
- MCAT Preparation Course

*To receive financial benefits of the program, students must maintain program eligibility, participate in all semester activities, complete all assignments and become an active member of the Science Club.

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- I. **Submit a one-page essay describing your educational and career goals.**
- II. **Submit a semester by semester program of study describing your plan to complete the pre-professional requirements for your chosen health care field***
- III. **Transcripts**
Please attach one copy of your academic transcripts from each college and/or university you have attended. "Unofficial" transcripts and other academic records will be accepted.

*If you need help with this, please consult with Dr. Nelson or Dr. Linder as well as your major advisor.

APPLICATION DUE DATE: APRIL 30, 2010

I. Applicant Information

Name _____ Banner ID # _____
(Last) (First) (Middle)

Date of Birth _____ Gender _____

Citizenship: US Citizen Permanent Resident Other _____
(Please specify)

Primary email address _____ Secondary email address _____

Primary phone number _____ Secondary phone number _____

Local Address _____
(Street) (City) (State) (Zip Code)

Permanent Address _____
(Street) (City) (State) (Zip Code)

I am (Check all that apply)

African American Asian American Caucasian Chicana/o Latina/o

Native American or Alaskan Native _____
(Enrolled or principle tribe)

Native Hawaiian or other Pacific Islander _____
(Please specify)

Other Group(s) _____
(Please specify)

Academic major(s) or interest areas _____

Academic minor(s) _____

NMHU cumulative grade point average _____ Current major grade point average _____

Cumulative credits earned _____ Expected graduation date _____

Field of medicine you are interested in pursuing? _____

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II. Information Release

This release enables the Preparation for Medical School and Other Health Related Fields Program at New Mexico Highlands University to obtain pertinent information for the purpose of determining program eligibility, assisting with educational and financial aid plans, and collecting program statistics. Aspects of this information and the nature of your participation in the program may be shared with other university personnel in accordance with federal and university policies. By signing below, you give permission to the program to obtain information for the purposes stated. You also indicate, to the best of your knowledge, the information given in this application is true, complete, and accurate.

Signature _____ Name _____ Date _____
(Please print)

Please attach one copy of your academic transcripts from each college and/or university you have attended. "Unofficial" transcripts and other academic records will be accepted.

Submit completed application packet to: Elizabeth Ratzlaff, Coordinator
ARMAS in Education
Room 106 in the Engineering Building
505-426-2009