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| **Application for Pre-Health Advisory Committee Advising** |
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| **Please complete the form below for consideration of advising by the Pre-Health Advisory Committee of Coastal Carolina University. Save files as lastname first initial.doc (Jane Applicant = Applicant J.doc). When completed, please send to** **Daniel Williams** **(dwilliams@coastal.edu). Feel free to contact any members of the PHAC with any questions.**  |

**Personal Information**

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| Name:        |
| email:       |
| Desired health profession:       |
| Summarize qualities that make you an attractive candidate for health related professional school:       |

**Academic Information**

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| Major(s):       |
| Overall GPA:       | Major GPA:       |
| Advisor:       | Advisors email:       |
| Graduation date:      Course work: Indicate courses taken in the previous semester (and grades), current semester, and planned for next semester

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| **Previous Semester** | **Grade** | **This semester** | **Next semester** |
|       |  |       |       |
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**Standardized Tests**

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| Test name:       | Completed [ ]  | Planned [ ]   |
| Date:        | Scores (if available):       |

**Extracurricular activities**

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| Describe University related activities:       |
| List volunteer efforts:       |
| List shadowing experience:       |
| Summarize research experiences:       |
| Awards and Honors:       |

**References**

Please indicate at **least one** faculty member who **has agreed** to provide a description of your qualifications as an applicant for health related professional school.

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| --- | --- | --- |
| Name:       | email:       | phone:       |
| Name:       | email:       | phone:       |
| Name:       | email:       | phone:       |

**Other**

What other information should the Pre-Health Advisory Committee be aware of regarding your application:

Specific sources of information you have used to learn about this profession and requirements into professional school