

University of Louisiana - Monroe

Pre-Professional Health Advisory Committee

Applicant Information Form

Full Name (Print): _____ Date: _____

CWID #: _____

Local Address: _____ Local Phone: _____

Campus E-mail Address: _____

Major(s): _____ Minor(s): _____

Date of Expected Graduation from ULM: _____

Date of Proposed Entrance to Professional School: _____

Overall GPA: _____

Type of School Application will be sent: _____

Score of your most recent professional entry exam (MCAT, DAT, OAT, etc.) : _____

If applying through AMCAS, AMCAS ID number: _____

Faculty Members Submitting Evaluations on your Behalf:

1. _____

2. _____

List any memberships/activities, work, professional experiences, honors/awards and volunteer experiences for each semester and summer during your collegiate career.

Memberships/ Activities	Academic Years	Description of Involvement

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Work	Academic Years	Description of Involvement

Experiences within Professional Field	Academic Years	Description of Involvement

Honors/Awards	Academic Years	Description of Involvement

Research Experience	Academic Years	Description of Involvement

Volunteer Experiences	Academic Years	Description of Involvement