

THE POSTBACCALAUREATE PREMEDICAL PROGRAM

Bryn Mawr College

Self-Managed
Application
for Admission



The Postbaccalaureate Premedical Program

Canwyll House East
Bryn Mawr College
101 North Merion Avenue
Bryn Mawr, PA 19010-2899

tel: 610.526.7350

fax: 610.526.7353

e-mail: postbac@brynmawr.edu

www.brynmawr.edu/postbac

Self-Managed Application Procedures

This is a self-managed application. You are responsible for gathering all necessary supporting materials for this application. In order for your file to be reviewed, you should submit all materials in one envelope with this application form.

Complete the application form in its entirety.

Be sure to enclose the non-refundable application fee of \$50, payable to Bryn Mawr College.

YOU MUST INCLUDE THE FOLLOWING ITEMS IN YOUR PACKET:

- Sealed official transcripts from all institutions attended, including high school.
- Two letters of recommendation, one of which should be from either a professor who has had you in class and knows your academic abilities or your undergraduate dean. Forms for these recommendations need to be downloaded and should be signed by you and sent to your recommender. These letters of recommendation should be confidential. Please collect the individual letters separately in sealed envelopes, with each recommender's signature across the seal. Include these sealed letters with your completed application and transcripts.
- Personal statement describing your interest in becoming a physician at this time. Please be sure to include experiences you have had that have helped you make this decision.
- Additional statement describing anything else you want us to know about you that has not been shared anywhere else in this application.

- SAT scores (ETS code 2477) and/or ACT scores (ACT code 3526) and, if available, other standardized test scores, such as GREs or LSATs, etc. Please check with your high school to see if the SAT/ACT is recorded on your official transcript. If it is, you need not request SAT/ACT scores from the testing service.

- Current résumé.

Please note: Incomplete applications will not be reviewed. You are best served by submitting all materials with this application. As admissions decisions are made on a rolling basis, early application is advisable. Enrollment in the program is limited and when the program is full, the admissions process is closed. It is your responsibility to be sure we receive all the appropriate materials. Once your application is received and completed, you will be notified and your application will be reviewed.

Before mailing your application, please be sure you have enclosed the following items:

CHECK OFF FOR YOUR CONVENIENCE:

- Completed application
 - Two personal statements
 - Current résumé
 - Sealed official transcripts from all institutions, including high school
 - SAT/ACT scores
 - Two sealed, confidential recommendations (one must be academic)
 - \$50 application fee, payable to Bryn Mawr College
-

All correspondence should be addressed to:

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Application

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IDENTIFICATION

LAST NAME	FIRST NAME	MIDDLE NAME

LIST ANY OTHER NAMES UNDER WHICH MATERIALS MAY BE SUBMITTED		INDICATE INFORMAL NAME YOU PREFER

SOCIAL SECURITY NUMBER		

CURRENT ADDRESS		

CITY	STATE	ZIP

DATE WHEN CURRENT ADDRESS MAY EXPIRE	CURRENT E-MAIL ADDRESS	

TELEPHONE (WHERE YOU MAY BE REACHED DURING THE DAY)		CELL PHONE

PERMANENT ADDRESS

PERMANENT ADDRESS		

CITY	STATE	ZIP

LEGAL STATE OF RESIDENCE		

HOME TELEPHONE	PERMANENT E-MAIL ADDRESS	

PERSONAL INFORMATION

DATE OF BIRTH	PLACE OF BIRTH	

<input type="checkbox"/> Female	<input type="checkbox"/> Male	Citizenship _____

If you are not a US citizen, are you a permanent resident of the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CURRENT OCCUPATION	NAME OF EMPLOYER	

NAME OF SPOUSE OR DOMESTIC PARTNER		

NUMBER AND AGES OF DEPENDENTS		

The following item is optional:

If you wish to be identified as a member of a racial/ethnic group, please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> African-American/Black | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Latino/Latina/Hispanic |
| <input type="checkbox"/> Asian-American | <input type="checkbox"/> Mexican-American/Chicano |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> Other-Mixed Race |

HAVE YOU PREVIOUSLY APPLIED TO THE PROGRAM?

Yes No Year _____

ACADEMIC RECORD

Please submit official **high school** transcripts. Note: SAT or ACT scores are required. Other test scores are optional.

NAME OF HIGH SCHOOL CITY/STATE GRADUATION DATE

Please check which standardized test scores you plan to submit.

SAT scores included with transcript ACT scores included with transcript
 scores will be sent separately scores will be sent separately
 OTHER Test name _____

ACADEMIC RECORD

Please list all **colleges** and other institutions attended. Please submit official transcripts for all schools listed.

NAME OF INSTITUTION FROM (MONTH/YEAR) TO (MONTH/YEAR) DEGREE
MAJOR DATE RECEIVED/EXPECTED
NAME OF INSTITUTION FROM (MONTH/YEAR) TO (MONTH/YEAR) DEGREE
MAJOR DATE RECEIVED/EXPECTED
NAME OF INSTITUTION FROM (MONTH/YEAR) TO (MONTH/YEAR) DEGREE
MAJOR DATE RECEIVED/EXPECTED
NAME OF INSTITUTION FROM (MONTH/YEAR) TO (MONTH/YEAR) DEGREE
MAJOR DATE RECEIVED/EXPECTED

ACADEMIC RECORD

Please list all **graduate/professional schools** and other institutions attended. Please submit official transcripts for all schools listed.

NAME OF INSTITUTION FROM (MONTH/YEAR) TO (MONTH/YEAR) DEGREE
CONCENTRATION DATE RECEIVED/EXPECTED
NAME OF INSTITUTION FROM (MONTH/YEAR) TO (MONTH/YEAR) DEGREE
CONCENTRATION DATE RECEIVED/EXPECTED

SCIENCE COURSES

Please list all **college-level science courses** you have taken or are currently taking. Indicate semester/full-year courses and number of hours per week of lab. Please also submit official transcripts for all courses listed.

NAME OF INSTITUTION DATE
COURSE # AND TITLE GRADE # LAB HOURS/WEEK
NAME OF INSTITUTION DATE
COURSE # AND TITLE GRADE # LAB HOURS/WEEK
NAME OF INSTITUTION DATE
COURSE # AND TITLE GRADE # LAB HOURS/WEEK

ENGLISH COURSES

Please list two **English courses** you have taken as an undergraduate.

NAME OF INSTITUTION DATE
COURSE # AND TITLE GRADE
NAME OF INSTITUTION DATE
COURSE # AND TITLE GRADE

Application

continued

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INSTITUTIONAL ACTION FELONY/MISDEMEANOR

Were you ever the recipient of any action by any college for 1) unacceptable academic performance or 2) conduct violations, even if such action did not interrupt your enrollment or require you to withdraw? If "yes," explain fully on a separate page. No Yes

Have you ever been convicted of, or pleaded guilty or no contest to, a felony or misdemeanor? If "yes," explain fully on a separate page. No Yes

HONORS AND AWARDS

Please list principal academic distinctions, honors and dates.

EMPLOYMENT RECORD

Please list jobs over the past five years.

EMPLOYER	CITY/STATE	
POSITION	DATES	FT/PT
EMPLOYER	CITY/STATE	
POSITION	DATES	FT/PT
EMPLOYER	CITY/STATE	
POSITION	DATES	FT/PT

MEDICALLY RELATED ACTIVITIES

Please list medically related activities over the past five years, whether paid or volunteer.

ORGANIZATION	DATES
POSITION	HOURS/WEEK
ORGANIZATION	DATES
POSITION	HOURS/WEEK

COMMUNITY SERVICE OR LEADERSHIP

Please list all community service or leadership activities over the past five years

ORGANIZATION	DATES
POSITION	HOURS/WEEK
ORGANIZATION	DATES
POSITION	HOURS/WEEK

OTHER EXTRACURRICULAR ACTIVITIES

Please list significant extracurricular activities over the past five years and during college.

ORGANIZATION	DATES
ACTIVITY	HOURS/WEEK
ORGANIZATION	DATES
ACTIVITY	HOURS/WEEK

LANGUAGES, SKILLS, TALENTS, HOBBIES

List languages spoken fluently, skills, talents and hobbies.

FAMILY INFORMATION

NAME OF FATHER

PRESENT ADDRESS

OCCUPATION

EMPLOYER

NAME OF MOTHER

PRESENT ADDRESS

OCCUPATION

EMPLOYER

RECOMMENDATIONS

Please list the names of your recommenders.

NAME OF ACADEMIC REFERENCE

ASSOCIATION

NAME OF SECOND REFERENCE

ASSOCIATION

How did you learn about the Bryn Mawr Postbaccalaureate Premedical Program? Please be specific.

What influenced your decision to apply to Bryn Mawr?

PERSONAL STATEMENTS

Please limit your statements to one page each as you address the following:

- Statement describing your reasons for wishing to become a physician at this time. Include experiences that helped you make this decision.
- Statement describing what else you want to say about yourself that has not been shared elsewhere in this application.

APPLICANT'S SIGNATURE

I certify that the information submitted in this application and associated materials is current, complete and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

Academic Recommendation Form

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NAME OF CANDIDATE

DATE

NAME OF RECOMMENDER

ADDRESS

CITY

STATE

ZIP

TO THE CANDIDATE

Please complete the top section of this form. Give it, with an envelope stamped and addressed to yourself, to an instructor who taught you at college level and knows you well, or a dean. S(he) should discuss your academic qualifications and comment on your potential success in medical school and as a future physician. Please advise your recommender of application deadlines and allow adequate time to meet them.

Your application cannot be reviewed without an academic letter of recommendation.

CONFIDENTIALITY

Please complete the information above. *Read the waiver statements and check the one you prefer. If you do not sign, your access to the reference letter will be waived.* The Family Educational Rights and Privacy Act of 1974 entitles students to have access to letters of evaluation in their permanent record file at Bryn Mawr College. The applicant may waive this right of access, in which case letters of evaluation will be considered confidential by Bryn Mawr and will not be available to the student.

- I waive my right of access to this letter of recommendation.**
- I do not waive my right of access to this letter of recommendation.**

SIGNATURE

DATE

TO THE RECOMMENDER

The candidate named above has applied to Bryn Mawr College for admission to the Postbaccalaureate Premedical Program. The Admissions Committee is interested in learning more about her/his intellectual potential, personal qualifications and ability to pursue a demanding course of study as a future medical student and physician.

Once the candidate has enrolled in the program, copies of these recommendations may be used for admission to professional schools of health sciences. Copies may also be used in support of the student's candidacy for prizes, awards, fellowships, grants or positions.

Please attach your comments to this form on official letterhead, enclose it in the envelope provided, sign your name across the seal and return it to the candidate.

Other Recommendation Form

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NAME OF CANDIDATE

DATE

NAME OF RECOMMENDER

ADDRESS

CITY

STATE

ZIP

TO THE CANDIDATE

Please complete the top section of this form. Give it, with an envelope stamped and addressed to yourself, to an instructor or supervisor who knows you well. S(he) should discuss your potential success in medical school and as a future physician. Please advise your recommender of application deadlines and allow adequate time to meet them. **Your application cannot be reviewed without this letter of recommendation.**

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- I waive my right of access to this letter of recommendation.**
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SIGNATURE

DATE

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