

RECOMMENDATION REQUEST FILE FORM

**NAME OF
APPLICANT:** _____

Last

First

APPLICANT'S PERSONAL DATA SHEET

(In all cases, attach extra sheets or use back when necessary.)

A. Name: _____

Email address: _____

Phone number: _____

AMCAS ID#: _____

AACOMAS ID#: _____

B. **Classification:**

- E. **College organizations and activities:** Indicate your role in each organization: Office held, member, etc. Explain each briefly. Include any organization-sponsored projects that you initiated or participated in. Place an asterisk by those that you did the most work for or were most important to you.

<u>Date</u>	<u>Organization</u>	<u>Comments</u>
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- F. **Off-campus organizations and activities:** Indicate your role in each organization - office, member, etc. Explain each briefly. Include any organization - sponsored projects that you initiated or participated in.

<u>Dates</u>	<u>Organizations</u>	<u>Comments</u>
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- G. **Honors:** Include all honors received since High School. Explain

<u>Date</u>	<u>Honor</u>	<u>Comments</u>
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- I. **Research experience:** Have you been involved in any independent research (e.g. Senior research project, summer research)? If so, please describe. If you presented a paper to a scientific group as a result, please explain when and to whom.
- J. **Health-related experiences:** Describe any health-related experiences, paid or unpaid, which are not already included above. Include extent of your involvement, hours per week, etc. Also, indicate whether any members of your family are employed in health-related fields.
- K. What are your hobbies?
- L. Why do you want to become a doctor/dentist/allied health profession? What experiences in your life have brought you to this decision? You will probably be asked this question during your interview. Please type your reply on separate sheets and attach to this form. (This may be the same as what you turned in for AMCAS/AACOMAS)

SCHOOLS SELECTED FOR APPLICATION

Form 3 - Schools

Return to Room 201, Olin Hall of Science

Applicant's Name: _____

The NWU Pre-Health committee will schedule its work according to the AMCAS deadlines of the schools you select. By listing a school on this form, you are making a personal commitment to follow through and apply there. Please notify Professor Marolf immediately if you change your mind on any schools after filing this form. *You must give the committee at least one month to complete your materials.*

OSTEOPATHIC MEDICAL SCHOOLS:
