Applicant Registration
SIUC Health Pre Professional Committee Interview (Spring 2020)
(Please print)

Name: ________________________________________________________________

SIUC Dawg Tag Number: ______________________________________________

Major & Anticipated Graduation Month and Year: _________________________

SIUC Email address: ___________________________________________________

Phone: __________________________________________________________________

I am applying to: ___ Medical School ___ Dental School ___ Optometry School

*Have you ever been under academic, social, or administrative violation at SIUC? Yes/No
If “yes”, explain on additional sheet of paper.

*Have you ever been found responsible for an academic violation at SIUC? Yes/No
If “yes”, explain on additional sheet of paper.

Have you taken a Full Length practice or official MCAT? Yes/No. If Yes, score ________.
(Please attach official copy of results: it is available for practice as well as official.)

How many hours of shadowing have you performed? ________________.

Do you have clinical experience? i.e., hospital or medical volunteering? Yes/No. If yes, how many hours? ________________.

*I have these time blocks available in my spring schedule for interviewing: (Committee only interviews candidates between 9:00 a.m. and 12:00 noon).

______________________________________________________________________

______________________________________________________________________

Applicant’s signature ____________________________ Date ______________________

Pre Health Professions
College of Science
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