SIUC Health Pre Professional Committee (Spring 2020) Request for Interview
Due to Health Professions Office no later than Monday, December 2nd by 4:00 p.m.
(Please print)

Name: ________________________________________________________________

Student ID Number: __________________________________________________

Major & Graduation Year: ______________________________________________

Email: _________________________________________________________________

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: (We only interview
between 9:00 am and 12:00 noon).

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Applicant’s signature ____________________________ Date ________________

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Health Pre Professions
College of Science
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