

ALUMNI DATA SHEET

NAME

AAMC# _____ ACOMAS # _____

ADDRESS: _____

EMAIL ADDRESS _____

HOME PHONE # _____ CELL PHONE # _____

PERMANENT STATE OF RESIDENCY _____

MCAT SCORE(S) & DATES _____

MAJOR 1 _____ MAJOR 2 _____

MINOR 1 _____ MINOR 2 _____

UGPA _____ BCPM GPA _____
(All Science & Math courses GPA)

GRADES IN BIOLOGY: _____

GRADES IN CHEMISTRY: _____

PHYSICS: _____

MATH: _____

HONORS & AWARDS:

CLINICAL EXPERIENCE (Provide a detailed description of responsibilities and activities, name and title of supervisor, location, and hours per week):

COMMUNITY SERVICE (Provide a thorough description of service, name of organization, your specific contribution and hours per week):

RESEARCH EXPERIENCE (Provide a thorough description of research project, along with your responsibilities and contributions. List name and title of supervisor, name of lab, location, and hours per week):

OTHER RELEVANT INFORMATION:

LIST OF HAVERFORD COLLEGE RECOMMENDERS (Describe relationship to recommender):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

LIST OF NON-HAVERFORD COLLEGE RECOMMENDERS (Describe relationship to recommender):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

SCHOOLS CONSIDERED:

ALUMNI:

PLEASE LIST FURTHER POSTBACC COURSE WORK AND WHERE TAKEN:

PLEASE NOTE IN DETAIL ALL EMPLOYMENT SUBSEQUENT TO GRADUATION INCLUDING DATES, LOCATION, AND PROVIDE SUBSTANTIVE INFORMATION ABOUT RESEARCH OR JOB RESPONSIBILITIES:

****PLEASE PROVIDE RESUME WITH COMPLETED DATA SHEET**