

Official use only
Date Received:

**HEALTH PROFESSIONS CANDIDATE
INTENT TO APPLY FORM**

DEADLINE: NOVEMBER 1ST, to be considered for the summer applicant pool

Applicant Name: _____ **Student ID:** _____

Local Address: _____

Permanent Address: _____

Phone Number: _____ **Email:** _____

Major(s): _____ **Minor(s):** _____

Expected Graduation Date: _____ **Credits Earned:** _____ **Current GPA:** _____

Date you intend to apply: _____

What type of school are you applying (check all that apply)? Allopathic medical Osteopathic medical

Veterinary Dental Other _____

Have you taken the standardized exam (e.g. MCAT, GRE, DAT)? Y N

If not, list your intended testing date: _____

If so, list your score(s) with sub-scores and percentiles: _____

Do you intend to retake the exam? Y N N/A If so, list the date _____

Recommenders: List the names and contact information for at least three recommenders whom you have asked to submit preliminary evaluation forms. **Note:** the committee allows one recommender to be a member of the committee. **Changes (additions/deletions) to this list must be submitted formally in writing.**

Name	Title	KU Dept. or Affiliation (if external)	Email address

Provide a response to the following questions:

1. **Have you ever been found guilty of, or arrested for, any felony or misdemeanor (besides minor traffic)?**

Y N. If so, explain the circumstances below.

2. **Have you been found responsible for any academic dishonesty violation?**

Y N. If so, explain below.

3. **List the top five schools/programs you intend to apply.**

4. **If you are not accepted into the professional school of your choice, what alternative plans do you have?**

Please attach the following:

1. A *Curriculum vitae (CV)* or resume which contains the following information:
 - Indicate all schools/programs attended, dates attended, degrees conferred (if applicable)
 - **All** organizations, sports teams, clubs, groups, etc. to which you have belonged in college. Indicate dates, offices held, and extent of participation.
 - List any jobs (including summer employment) that you have held while a student. Indicate dates and extent of responsibility. Indicate as to whether work was full time/part time and seasonal/year-round.
 - List any awards or honors received.
 - List volunteer work, internships, or research that you have performed that are related to your health career choice. Include the total number of hours for each.
2. A well-written essay highlighting why you have chosen a particular health profession as your vocation. Your essay should be within the character/word limits allowed by the central application system or school you intend to apply (e.g. AMCAS, AACOMAS, AADSAS, VMCAS).
3. Recent transcripts from all college-level schools attended (unofficial versions are acceptable)

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Read and agree to the following statement by signing below (**required**):

By signing below, I agree that I will release my application information and exam scores through the central application system to the Kutztown University prehealth advisors. Additionally, I agree to update the committee chairs about any action related to my application such as interviews and acceptances.

Student signature: _____ **Date:** _____

Please return this form (including attachments) as a **single PDF** to stone@kutztown.edu AND aruscava@kutztown.edu.
Use the following file naming structure: Last name_Intent to Apply