

Optional Student Information Form (for recommendation letters)

A. Demographic Information:

Name: _____ Date of Birth: _____

Address (where you can be reached when you are off-campus)

Cell phone #: _____

Place of birth: _____ Citizenship: _____

State in which you are a legal resident: _____

Language(s) other than English that you speak: _____

B. Academic Information:

High School:

Name and location:

GPA: _____

SAT Scores: _____

Honors:

Notable accomplishments:

Leadership experience:

College:

Academic Major(s):

Academic Minor(s):

GPA: _____

MCAT scores (if available): _____

Scholarships:

C. Co-curricular Information: Use additional paper if needed.

Medically related research/clinical experiences:

Non-medical related activities: (sports, clubs, music, etc)

Volunteer Service Experiences:

Leadership Positions:

Cross-cultural experiences:

Additional Information: