

INFORMATION FOR MEDICAL SCHOOL APPLICANTS**HEALTH PROFESSIONS ADVISORY COMMITTEE
STATE UNIVERSITY OF NEW YORK
COLLEGE AT OSWEGO**

The SUNY Oswego Health Professions Advisory Committee is responsible for preparing a Committee recommendation to be forwarded, at your request, to the professional schools to which you apply. Medical schools prefer such recommendations to individual letters from instructors. In order that the Committee may recommend you most effectively, it is essential that you provide as much information as possible.

PLEASE PROVIDE THE FOLLOWING INFORMATION

NAME _____

LOCAL ADDRESS _____

LOCAL PHONE _____ EMAIL ADDRESS _____

STUDENT ID _____ DATE OF BIRTH: _____

*DATES OF ATTENDANCE AT OSWEGO IF NOT A
CURRENT OSWEGO STUDENT:* _____

MAJOR(S) _____ MINOR(S) _____

GPA _____

DATE OF GRADUATION FROM SUNY OSWEGO _____

DATE THIS FORM IS SUBMITTED _____

PROFESSIONAL GOAL

(Circle one)

ALLOPATHIC MEDICINE (MD)

OSTEOPATHY (DO)

DENTISTRY

OPTOMETRY

PODIATRY

INFORMATION FOR MEDICAL SCHOOL APPLICANTS (continued)

Before your file can be considered complete, all the following items must be submitted to the Chair of the Health Professions Advisory Committee (SUNY Oswego, 222 Campus Center, Oswego, NY 13126). Applications will be accepted beginning the **FIRST FRIDAY OF MARCH of the semester before you complete your summer AMCAS application** and will not be accepted after the **FIRST FRIDAY OF OCTOBER of the semester after you complete your summer AMCAS application**. Applications completed late in the Spring semester or during the summer months may have a delay in the interview process depending on HPAC member availability.

1. The signed FERPA Waiver Statement/Form.
2. An unofficial copy of ALL your transcripts requested from the Registrar's Office (no charge). Supply additions (i.e., summer school) or corrections (i.e. "I" grades) to your grade record as soon as possible.
3. If taken, your MCAT, DAT, or OAT score on all tests taken. Indicate if you plan to retake the test and when.
4. A well-organized, typed biographical statement that includes such things as extra-curricular activities, interests and hobbies, special honors or awards, work experience relating to the medical profession, and most importantly, your specific reasons for pursuing your particular career goal.
5. A current resume.
6. Evaluations (using the forms provided) from five references who know you well. At least two should be members of the Biology, Chemistry, Physics, and/or Mathematics faculty. At least two must be from your discipline (major). One should be from someone outside the Oswego faculty. It is assumed that when you list the names of your evaluators (below) you have consulted with those individuals and that they have agreed to serve in that capacity.

Give some thought to the requirements of the Family Educational Rights and Privacy Act of 1974 under which you have the right of access to recommendations unless you sign a waiver. Some reference writers may desire confidentiality of their evaluations. If so they may not agree to complete the evaluation form unless you sign the waiver. In any event, be consistent in your choice; if you sign the waiver for one evaluator, do the same for all. The evaluator must send her/his evaluation to the Chair of Health Professions Advisory Committee.

(Complete information is needed. "On File" is not acceptable. Please print legibly.)

EVALUATOR'S NAME	DEPARTMENT or Work site	EMAIL ADDRESS and/ or Phone	COURSE(S) or Job Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Your initials on the following line _____ authorize the release of any Deans' office information about violations of academic integrity.
8. AN INTERVIEW WITH THE COMMITTEE, AT A MUTUALLY AGREEABLE TIME, AFTER OCTOBER 1ST OF THE YEAR BEFORE YOU SEEK ADMISSION TO MEDICAL SCHOOL IS REQUIRED BEFORE A FINAL RECOMMENDATION IS REACHED AND LETTER IS WRITTEN. IT IS YOUR RESPONSIBILITY TO REQUEST THIS INTERVIEW.

Once your file is complete, the Health Professions Advisory Committee will meet to review the information in the file and to make its recommendation. The contents of each file will remain confidential; only members of the Health Professions Advisory Committee will have access to the information in your file.

Thank you for your compliance with these requests.