



Office of Pre-Professional Advising and Fellowships

Nexus Building, Room 145

One South Avenue

Garden City, NY 11530

Pre-Health Composite Letter Application Checklist

___ Attend Composite Letter Workshop/Discussed with Pre-Health Advisor

___ Have the following materials complete before you begin the application

___ Professional Photo (jpeg)

___ **If you are a reapplicant**, please have your application ID numbers, AMCAS, AACOMAS, VMCAS, OptomCAS or AADSAS

___ Current Resume (Word doc or PDF)

___ **Transfer/Graduate Students Only** – Upload unofficial transcripts from other institutions post high school

___ Cumulative GPA at Adelphi (Must have fall grades if you are still enrolled)

___ **Medical School Applicants Only** - Estimated Biology, Chemistry, Physics, Math GPA

___ **Dental School Applicants Only** - Estimated Biology, Chemistry, Physics GPA

[Use GPA Calculator Excel Sheet](#) (After you click, download the pre-calculated excel sheet, save and upload to the application).

___ Draft Personal Statement (Word Doc)

Medical School Applicants - Why have you selected the field of medicine? What motivates you to learn more about medicine? What do you want medical schools to know about you that has not been disclosed in other sections of the application? **(Do not exceed 5,300 characters which include spaces)**

[Dental School Applicants](#) - Why you want to pursue a career in dentistry? **(Do not exceed 4,500 characters which include spaces)**

[Veterinary Medicine Applicants](#) - Why you want to pursue a career in veterinary medicine? **(Do not exceed 3,000 characters which include spaces)**

[Optometry Applicants](#) - What inspires your decision for becoming an optometrist, including your preparation for training in this profession, your aptitude and motivation, the basis for your interest in optometry, and your future career goals? **(Do not exceed 4,500 characters which include spaces)**

___ Letter of Recommendation Waiver Form **File Name:** First Name_Last Name

___ Consent to Release Information Form **File Name:** First Name_Last Name