



Office of Pre-Professional Advising
Nexus Building, Room 147
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/questions complete/answered before you begin the application
 - ___ Professional Photo (jpeg)
 - ___ Describe the education level and occupations of your parent(s) and/or guardian(s) while you were growing up.
 - ___ In addition to your parents/guardians, if there are health professionals in your immediate or extended family, please list their professions and their relationship to you.
 - ___ Professional schools are interested in your “distance traveled” from childhood to medicine. Please describe any social, economic, or educational challenges that you experienced growing up that may have created barriers to your success relative to peers (e.g., working due to family financial difficulties and thus having less time to devote to other activities; attending low performing schools; lacking adequate access to resources; having to take on responsibilities that would not normally be expected for someone your age). If you prefer, share this information in your autobiography rather than on this form.
 - ___ If you feel that there were circumstances (e.g., relatively weak high school preparation, illness, personal situations) that negatively affected your academic or standardized test performance, please describe them here. We will not include this information in your committee letter without prior discussion with you, but this information will help us contextualize your metrics.
 - ___ What areas of your candidacy do you hope to improve before you apply and during your application year? What ideas do you have on how to address these areas before/as you apply?
 - ___ What areas of your candidacy are you most confident about?
 - ___ Describe 2-3 activities that have given you a realistic understanding of “what you’re getting yourself into” by pursuing your chosen career
 - ___ **If you are a reapplicant**, please have your application ID numbers, AMCAS, AACOMAS, OptomCAS, AADSAS or AACPMAS.
 - ___ Current Resume (Word doc or PDF)
 - ___ Cumulative GPA at Adelphi (Must have fall grades if you are still enrolled)

___ **Complete GPA Calculation** - Estimated Biology, Chemistry, Physics, Math GPA
[Use GPA Calculator Excel Sheet](#) (After you click, follow the instructions by copying the googlesheet and saving to your own shared drive.
You need to have all unofficial transcripts in your possession so you may enter all courses taken on your spreadsheet (Yes, this includes dual enrollment coursework in HS)

___ 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)

[Podiatric School Applicants](#) - Why are you interested in becoming a Doctor of Podiatric Medicine. Provide information about your development for a career in Podiatric Medicine.
(Do not exceed 4,500 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

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