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| **Application for Pre-Health Advisory Committee Advising** |
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| **Please complete the form below for consideration of advising by the Pre-Health Advisory Committee of Coastal Carolina University. Save files as lastname first initial.doc (Jane Applicant = Applicant J.doc). When completed, please send to** [**Daniel Williams**](mailto:dwilliams@coastal.edu?subject=Application%20for%20PHAC%20Advising) **(dwilliams@coastal.edu). Feel free to contact any members of the PHAC with any questions.** |

**Personal Information**

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| Name: |
| email: |
| Desired health profession: |
| Summarize qualities that make you an attractive candidate for health related professional school: |

**Academic Information**

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| Major(s): | |
| Overall GPA: | Major GPA: |
| Advisor: | Advisors email: |
| Graduation date:  Course work: Indicate courses taken in the previous semester (and grades), current semester, and planned for next semester   |  |  |  |  | | --- | --- | --- | --- | | **Previous Semester** | **Grade** | **This semester** | **Next semester** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |

**Standardized Tests**

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| --- | --- | --- | --- |
| Test name: | Completed | | Planned |
| Date: | | Scores (if available): | |

**Extracurricular activities**

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| Describe University related activities: |
| List volunteer efforts: |
| List shadowing experience: |
| Summarize research experiences: |
| Awards and Honors: |

**References**

Please indicate at **least one** faculty member who **has agreed** to provide a description of your qualifications as an applicant for health related professional school.

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| --- | --- | --- |
| Name: | email: | phone: |
| Name: | email: | phone: |
| Name: | email: | phone: |

**Other**

What other information should the Pre-Health Advisory Committee be aware of regarding your application:

Specific sources of information you have used to learn about this profession and requirements into professional school