

Worcester State Pre-Med / Allied Health Questionnaire

Name _____

Date_____

1. What field of health care are you interested in?
2. Are you planning to apply during the current cycle? Yes No
3. Have you met all the prerequisites? Yes No
4. Have you had a formal advising meeting with a member of the pre-med/allied health committee?
Yes No
5. Which pre-med/allied health advisor did you meet with and when?
6. What is your major and who is your major advisor at Worcester State?
7. Do you have a previous degree? Yes No
8. If you had a previous degree, what was your major?
9. If you had a previous degree, what was your GPA?

10. What is your overall GPA at present?

11. What is your GPA in the science courses necessary for your program?

12. What are your grades in the calculus courses?

13. Have you taken the test required for your program? Yes No

14. If you have taken the test, how many times have you taken it?

15. If you have taken the test, what are your scores and percentile rankings?

16. Have you any experience working in health care? Yes No

17. Have you any experience in community service? Yes No

18. Have you any leadership experience? Yes No

19. Have you had any institutional action or criminal convictions? Yes No

20. I waive / do not waive the right to read all recommendations.

Signature of Candidate _____