

**Pre-Health Profession Committee Interview
Personal History Questionnaire**

Read the following instructions:

- Please do not re-format this questionnaire.
- Form should NOT be completed handwritten
- The form MUST be signed with “wet signature”
- Once completed with as much detail as possible, print out this form, sign below , attach your personal statement , unofficial transcript, and submit it to the Pre-Health Professions office by email : preprof@fau.edu
- The form will not be accepted if a section is not filled out completely

By signing below, I hereby certify that all information on this personal information form is accurate to the best of my ability:

Student Signature

Date

Personal Details

Name:*

Z number:*

Major:

Application ID#:*

i.e. AAMC ID#:12345678:

Home Address:

E-mail Address*

Secondary E-mail Address:

MCAT-GRE-DAT score:*

Date Taken:

Score Retake:

Date:

Home Phone Number:*

Cellular Phone Number:*

***We strongly encourage student to use their FAU email for the committee interview process.**

Education Details

Total credits attempted (to date):

Total credits received (to date):

Total Undergraduate GPA:

Institution GPA :

Overall GPA:

Science GPA:

Other Degree:

GPA:

A. High School

Name of High School that you graduated from:

City **State:** **or Country:**

Honors (Valedictorian, Salutatorian, etc.):

Year Graduated:

B. University/Community Colleges Attended (Including FAU): List in Chronological Order.

Institution Name:	Dates Attended:	Major(s)/ Minor(s):	Degrees Obtained	Date Received/ Expected	Cum. GPA

What honors/scholarships have you received at FAU? Elsewhere? Please list any not seen below. (After high school)

Dean's List (List Semesters):

Scholarship (List Names and Dates):

Phi Beta Kappa (Induction Date):

Honor's College (2 Year Minimum)

Graduation with Honors:

Cum Laude

Magna Cum Laude

Summa Cum Laude

Entrance Exam Details: MCAT, DAT, PCAT, OAT, GRE scores

Number of times exam was taken:

Include scores from each attempt and the dates they were taken. Also include any future dates you have scheduled.

Date scheduled:

Fill in the appropriate chart!

MCAT	
Date:	
Verbal	
Physical Sciences	
Biological Sciences	
Psychology	
Total	

PCAT	
Date:	
Verbal Ability	
Biology	
Reading Comprehension	
Quantitative Ability	
Chemistry	
Composite	

DAT	
Date:	
Perceptual Ability	
Quantitative Reasoning	
Reading Comprehension	
Biology	
General Chemistry	
Organic Chemistry	
Total Science	
Academic Average	

OAT	
Date:	
Quantitative Reasoning	
Reading Comprehension	
Biology	
General Chemistry	
Organic Chemistry	
Physics	
Total Science	
Academic Average	

GRE	
Date:	
Quantitative Reasoning	
Verbal Reasoning	
Writing	
Total	

ALL Volunteer/Extracurricular Activities:

BE COMPLETE! List activities in chronological order with the **most recent** activity first. Add/Remove tables and expand as needed! There are no word limits for this portion of the Questionnaire. Write responses in complete sentences. ***You may only document (in total hours) the time already completed.***

Exp #	Title Of Activity and Position	Starting Date:	Ending Date:	# Hrs/Wk	Total Hours
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CLEAR and DETAILED Explanation of what you did, with who, and where					

Exp #	Title Of Activity and Position	Starting Date:	Ending Date:	# Hrs/Wk	Total Hours
CLEAR and DETAILED Explanation of what you did, with who, and where					

ALL Shadowing Activities:

BE COMPLETE! List activities in chronological order with the **most recent** activity first. Add/Remove rows to the table and expand as needed! Write responses in complete sentences. ***You may only document (in total hours) the time already completed.***

Exp #	Title Of Activity and Position	Starting Date:	Ending Date:	# Hrs/Wk	Total Hours
CLEAR and DETAILED Explanation of what you did, with who, and where					

Exp #	Title Of Activity and Position	Starting Date:	Ending Date:	# Hrs/Wk	Total Hours
CLEAR and DETAILED Explanation of what you did, with who, and where					

Exp #	Title Of Activity and Position	Starting Date:	Ending Date:	# Hrs/Wk	Total Hours
CLEAR and DETAILED Explanation of what you did, with who, and where					

ALL research involvement :

BE COMPLETE! List activities in chronological order with the **most recent** activity first. Add/Remove rows to the table and expand as needed! ***You may only document (in total hours) the time already completed.***

Exp #	Title Of Activity and Position	Starting Date:	Ending Date:	# Hrs/Wk	Total Hours
CLEAR and DETAILED Explanation of what you did, with who, and where					
Exp #	Title Of Activity and Position	Starting Date:	Ending Date:	# Hrs/Wk	Total Hours
CLEAR and DETAILED Explanation of what you did, with who, and where					

Employment History

BE COMPLETE! List activities in chronological order with the **most recent** activity first. Add/Remove rows to the table and expand as needed! ***You may only document (in total hours) the time already completed.***

Exp #	Title Of Activity and Position	Starting Date:	Ending Date:	# Hrs/Wk	Total Hours
CLEAR and DETAILED Explanation of what you did, with who, and where					

Exp #	Title Of Activity and Position	Starting Date:	Ending Date:	# Hrs/Wk	Total Hours
CLEAR and DETAILED Explanation of what you did, with who, and where					

Questions Related to Personal Interests

What clubs/honor societies are you part of? *Be sure to indicate if you were an elected officer!*

What are your hobbies? List non-job, non-academic activities (as opposed to community service work) during the last 2 years.

Please talk about your family background (400 characters minimum)

Languages (also indicate if English is not your first language):

Please describe any mission trips experiences you were part of. (400 characters minimum)

Please describe your most meaningful leadership positions (350 characters minimum)

What has been your most meaningful experience or achievement and why? (please elaborate, 350 character minimum)

In very few sentences please tell us why medicine (350 characters minimum) Do not choose compassion or empathy or I just like to help people.

List your top 5 schools:

Is there anything in your personal background that you would like the Committee to know about?
(i.e. economic, health, or other hardships or special circumstances)

Please indicate your plan B. Are there any other areas in the health field that interest you? *(350 characters minimum)*