INTERVIEW APPLICATION FORM

Please type your responses onto the following form, save as a pdf (try using print function) and upload to: https://skidmore.app.box.com/f/ab8f9743a8724a3186f536e879aaa185.

Full Legal Name: _____

Graduation Date (Month/Year): _____   Phone: _____

Skidmore E-mail: _____   Other E-mail (post graduation): _____

Permanent Mailing Address:

Have you ever been charged with an academic or social conduct violation? Yes_____   No_____

Type of School you are applying to (medical, dental, veterinary, etc.): _____
          Year you plan to apply: _____
          When do you plan to take the MCATs? _____   MCAT Score (if already taken):

Please provide your: Overall GPA: _____

                    Major GPA: _____

                    Science GPA: _____ (visit https://students-residents.aamc.org/applying-medical-school/article/course-classification-guide/ for guidance on what science courses to include)

          *There is a link on the HPAC website Forms and Tools page (www.skidmore.edu/hpac/forms.php) to a website that can help you calculate these GPAs.

List any remaining courses you will be taking prior to submitting an application.

Please provide the names and contact info for your recommenders (at least 3 letters are needed for your interview):
Academic:

Name _____ Email _____ Phone: _____

Name _____ Email _____ Phone: _____

Medical (or other health professional):

Name _____ Email _____ Phone: _____

Name _____ Email _____ Phone: _____

Other/Character:

Name _____ Email _____ Phone: _____

Name _____ Email _____ Phone: _____