STUDENT INFORMATION FOR THE HEALTH PROFESSIONS ADVISORY GROUP OF CENTRE COLLEGE

(Please fill in all of the fields that are applicable)

FULL NAME

 Centre Email

Cell Phone       Summer Email

Home Address:

       State of Residence

List the Medical Schools to Which You Plan to Apply

 (If you are applying early decision to a medical school, list only that one and put an asterisk by it)

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List **all** professors you have had in the **sciences at Centre** (even if it was just laboratory) and the course numbers (e.g. CHE 241, BMB 210L). If they have had an additional role, indicate that. For instance, you should note research mentors or if you were an assistant in his/her lab. **List the professors you feel know you the best first**.

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| Professor | Courses | Other Role |
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List **up to five** other people (non-science professor, administrator, coach etc.) **from Centre** who can provide valuable information about you. List the people who know you best first.

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| Person | Courses | Other Role |
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Please attach your medical school personal statement and a resume that includes college awards and honors, extracurricular, community, volunteer activities, and employment history. Make sure to indicate your level of involvement/time and hours of employment etc. Also attach any other information you feel the committee needs.