



Name _____

Date _____

**Application for Admission
to Candidacy for the**

Health Careers Program (HCP)

Applications submitted to the Harvard Extension School become the property of the Harvard Extension School. No part will be returned under any circumstances. Applications of unsuccessful applicants will be destroyed one year from the date received.

Harvard University Extension School

Health Careers Program • 51 Brattle Street • Cambridge, MA 02138-3722 • (617) 495-2926

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Application for Admission to Candidacy for the Health Careers Program (HCP)

Please type or print clearly responses to all items on this form and return it with a nonrefundable \$100 application fee to the Health Careers Program, Harvard University Extension School, 51 Brattle Street, Cambridge, Massachusetts 02138-3722. Please make checks payable to Harvard Extension School. Students must either enclose their transcripts with this application or have them sent directly to the Health Careers Program.

General Information

**ATTACH
PHOTO
HERE**
(optional prior
to acceptance)

1. Name: _____
2. Current mailing address: _____

3. Permanent home address *(if different from above)*:

4. Social security number: _____ E-mail address: _____
5. Phone: (Home) _____ (Work) _____
6. Date of birth: _____ Age: _____ Sex: Male Female
7. Country of citizenship: _____
8. Current working situation *(type and location)*: _____

Educational History

Compute your GPA according to AMCAS for undergraduate courses:

GPA: Science _____ Non-science _____ Total _____

The formula is A+ or A = 4.0; A- = 3.7; B+ = 3.3; B = 3.0; B- = 2.7; C+ = 2.3; C = 2.0; C- = 1.7; D+ = 1.3; D = 1.0; D- = .7; E = 0.0. Multiply each grade's numerical equivalent by the number of credit hours. Then add all of the credit points thus derived and divide by the total number of credit hours to compute the grade point average (GPA). Pass/Fail and noncredit courses are excluded from this computation. First compute GPA for all math/science courses, then for all courses for total GPA.

9. Undergraduate colleges attended *(in chronological order)*:

School	Dates	Sci GPA	Non-Sci GPA	Total	Major
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

10. Graduate school attended:

School	Dates	Sci GPA	Non-Sci GPA	Total	Major
_____	_____	_____	_____	_____	_____

11. Science and mathematics courses taken on a college level, with grades (please indicate with an asterisk [*] courses taken at Harvard Extension School):

12. Honors received while in college (Dean's List, honorary societies, etc.):

13. Extracurricular or community activities in and since college:

14. If your education has not been continuous, indicate how you spent your time:

15. For what type of medical education are you preparing? Medicine Dentistry Veterinary Other

16. When do you anticipate beginning coursework at Harvard Extension or Harvard Summer School?

17. In what year do you hope to apply to professional school? _____

18. Are you now or do you intend to become a degree candidate at Harvard Extension School? If so, specify program:

ALB ALM

19. Participants in the Health Careers Program, who will be taking all the major prerequisites here (i.e., general chemistry, introductory physics, introductory biology, and organic chemistry), and who have never taken them before, are eligible for the Diploma in Premedical Studies Program. If so eligible, do you wish to participate in that program?

Yes No

20. If you have ever taken SAT and ACT exams, please indicate your best scores and date:

Verbal _____ Quantitative _____ Date _____

21. If you have ever taken any graduate admissions tests, please indicate scores and date:

MCAT _____

GRE _____

Other _____

22. Why do you want to prepare for a career in a medical field? (Please type here or submit essay on a separate page.)

23. List your hospital, mental health, veterinary, or other work experience, including volunteer jobs, and indicate dates:

24. List any research you have done or research positions you have held, with dates:

Signature _____ Date _____

For Office Use Only

Date application received _____