



Health Professions Advisory Committee Application

PERSONAL INFORMATION

First Name:

Last Name:

Health Professions Program:

Would you like to request a committee letter?

Yes

No

Unsure

Would you like the committee to review your application materials?

Yes

No

Current Program of Study:

Major:

Date of Graduation:

Anticipated application cycle (year):

Phone Number:

Email address:

EDUCATION (UNDERGRADUATE AND GRADUATE PROGRAMS ONLY)

PLEASE ALSO SEND A COPY OF ALL TRANSCRIPTS (UNOFFICIAL OK) TO HPAC@USJ.EDU.

Name of School:

Street address, city, and state:

Degree earned?

If yes, what type?

Year degree earned:

G.P.A.

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Street address, city, and state:

Degree earned?

If yes, what type?

Year degree earned:

G.P.A.

Name of School:

Street address, city, and state:

Degree earned?

If yes, what type?

Year degree earned:

G.P.A.

STANDARDIZED TEST SCORES

Exam Type:

Overall Score:

Date taken:

Use this space to provide a breakdown of the overall score, if applicable (i.e. scores for individual sections of the exam):

Exam Type:

Overall Score:

Date taken:

Use this space to provide a breakdown of the overall score, if applicable (i.e. scores for individual sections of the exam):

LETTERS OF RECOMMENDATION

If you **are** requesting a committee letter, please have your letter writers send a copy of their recommendation letter (on letterhead and signed) to hpac@usj.edu. If you are **not** requesting a committee letter, ask your letter writers to submit their recommendations directly to the application portal or programs you are applying to. You may ask that they send a copy of their letter to hpac@usj.edu *for review purposes only* (this is not required, but recommended to help the committee holistically review your application materials).

You must have **at least one** recommendation letter from a USJ professor (preferably in the sciences). You may also include letters from other professors, research supervisors, employment supervisors, and/or supervisors or colleagues from other relevant leadership and volunteer positions.

Name of letter writer and affiliation:	Waive* right to see letter?	Yes No
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***By waiving my right to see this letter, I understand that the evaluator is not required to tell me the information contained within the letter.**

LIST OF SCHOOLS TO WHICH YOU PLAN TO APPLY

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

PERSONAL STATEMENT

Copy and paste your personal statement below (next page):

List any other relevant shadowing, volunteer, internship, or research experience that you would like the committee to consider during the evaluation process:

PLEASE COMPLETE THIS APPLICATION AND EMAIL IT TO HPAC@USJ.EDU ALONG WITH A COPY OF YOUR MOST RECENT RESUME/CV. ONCE YOUR APPLICATION IS RECEIVED, YOU WILL BE CONTACTED AND INFORMED OF THE NEXT STEPS IN THE REVIEW PROCESS.

If you are requesting a Committee Letter, the committee will conduct an interview of the candidate once all outstanding letters of recommendation and test scores are received. If the applicant is not requesting a committee letter but would like feedback on application materials, review of materials will commence once this completed application is received. The student will be contacted with feedback and an interview will be scheduled if requested.