

RECOMMENDATION REQUEST FILE FORM

NAME OF APPLICANT: _____

Last

First

Middle Initial

ACCESS WAIVER

Under the Family Education Rights and Privacy Act of 1974 as amended (20 U.S.C. 1232g), students have the right to inspect certain educational records upon request. Some people suggest it is a good strategy to waive this right, so that all who provide references and all who see them will know that confidentiality was enforced. The waiving of your right to see this letter of recommendation is not a requirement for admission or consideration for an award.

I DO **I DO NOT** waive my right of access to letters in my file collected by the Pre-Health Professions Committee.

SIGNATURE: _____ Date: _____

CONSENT TO GRANTING DISCLOSURE TO THIRD PARTIES

I hereby authorize the NWU Pre-Health Professions Committee to disclose all materials relating to me contained in the files of said office to the Admissions Committees of the medical schools I have applied, for the purpose of furthering its efforts to assist me in securing admission.

SIGNATURE: _____ Date: _____

Please enter the name(s) of the recommender(s) you plan to ask for letters. Letters obtained by this office are posted, by date, in the shaded area.

NAME	INSTITUTION, DEPARTMENT, or BUSINESS	DATE OF REQUEST	DATE RECEIVED
1.			
2.			
3.			
4.			

APPLICANT'S PERSONAL DATA SHEET

(In all cases, attach extra sheets or use back when necessary.)

PLEASE INCLUDE A RECENT PICTURE OF YOURSELF WITH YOUR MATERIALS FOR OUR FILE.

A. Name: _____

Email address: _____

Phone number: _____

AADSAS ID#: _____

B. **Classification:** Graduate of 20___ Senior Junior (Circle one)

Major: _____

Minor: _____

C. **DAT Record**

DAT Scores: Quan Reas _____ Reading Comp. _____ Bio _____
Gen Chem _____ Org Chem _____ Tot Sci _____

Academic Average = _____

Perceptual Ability = _____

Date taken _____ Are these your latest scores? Yes _____ No _____

Do you plan to or have you re-taken the DAT? If so, when?

D. **Academic Record**

Date you entered Nebraska Wesleyan _____

Expected graduation date _____

Calculation of GPA:

A/A+=4.0	B+=3.33	C+=2.33	D+=1.33	F=0
A- =3.67	B =3.0	C =2.0	D =1.0	
	B-=2.67	C =1.67	D=-0.67	

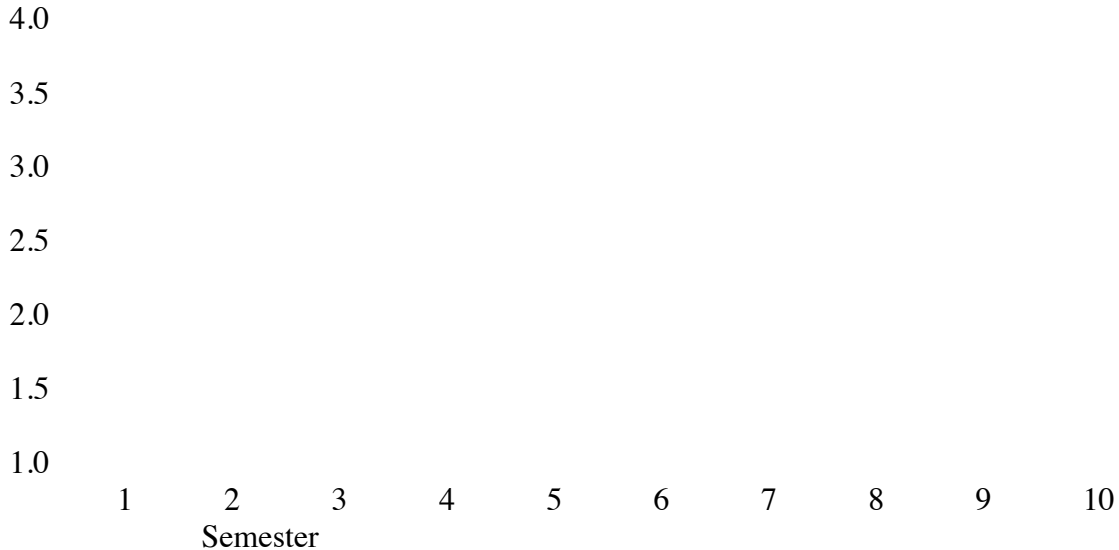
Multiply the number of hours times the number of grade points. Add the number of credit hours and add the number of grade points. Divide the total number of grade points by the total number of hours to obtain the GPA. (Disregard the grades of W, P, and X in these calculations). If you have re-taken a course, you MUST include both grades for that course.

Overall GPA _____ Science and Math GPA _____

English GPA _____ (based on _____ hours of English)

Calculate and plot the GPA for each semester; connect the lines by pencil. If you attended summer school, plot those points with ink and connect them.

Consistence of Performance



PLEASE ATTACH AN UNOFFICIAL PHOTOCOPY OF YOUR TRANSCRIPT.

- E. **College organizations and activities:** Indicate your role in each organization: Office held, member, etc. Explain each briefly. Include any organization-sponsored projects that you initiated or participated in. Place an asterisk by those that you did the most work for or were most important to you.

<u>Date</u>	<u>Organization</u>	<u>Comments</u>
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- F. **Off-campus organizations and activities:** Indicate your role in each organization - office, member, etc. Explain each briefly. Include any organization - sponsored projects that you initiated or participated in.

<u>Dates</u>	<u>Organizations</u>	<u>Comments</u>
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- G. **Honors:** Include all honors received since High School. Explain

<u>Date</u>	<u>Honor</u>	<u>Comments</u>
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- H. **Work experiences:** Indicate employment and work load, especially employment during the school year.

<u>Dates</u>	<u>Position</u>	<u>Company</u>	<u>Hrs/week</u>	<u>Responsibilities</u>
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- I. **Research experience:** Have you been involved in any independent research (e.g. Senior research project, summer research)? If so, please describe. If you presented a paper to a scientific group as a result, please explain when and to whom.
- J. **Health-related experiences:** Describe any health-related experiences, paid or unpaid, which are not already included above. Include extent of your involvement, hours per week, etc. Also, indicate whether any members of your family are employed in health-related fields.
- K. What are your hobbies?
- L. Why do you want to become a dentist? What experiences in your life have brought you to this decision? You will probably be asked this question during your interview. Please type your reply on separate sheets and attach to this form. (This may be the same as what you turned in for AADSAS)

