

PRE-PROFESSIONAL HEALTH JUNIOR YEAR QUESTIONNAIRE

In order for the committee to write a letter of recommendation to the appropriate professional schools, please complete the following questionnaire and return it to:

Pre-Professional Health Program
Wagner College
1 Campus Road
Staten Island, NY 10301

This questionnaire is confidential and will only be read by members of the pre-professional committee. Further details about the pre-professional health program are contained within the Pre-Professional Health Advisory Guide.

I. General

Name: _____ Date of Birth: _____

Soc. Sec. # _____

Home address: _____

Home Phone Number: _____ Citizenship: _____

Which program are you most interested in (i.e. Pre-medical, Pre-dental, Pre-veterinary)?

II. PRIOR EDUCATION

Grade School & Location: _____

High School & Location: _____

Rank in Graduating Class: _____ SAT Score Math: _____

SAT Score Verbal: _____

List of Activities (include academics, athletics, clubs, etc.): _____

List of Honors and Awards: _____

List any Work Experience: _____

III. Wagner College Education

Overall GPA: _____

Science GPA: _____

List any academic awards or achievements while at Wagner College: _____

List of offices held (elected or appointed): _____

Describe any research in which you have been involved: _____

Describe any volunteer activities in which you have been involved: _____
