

# Xavier University Pre-Medical Scholars UCCOM Physician Shadowing Program Application

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## Personal Information

Name \_\_\_\_\_ Xavier Banner ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that all the information submitted is complete to the best of my knowledge. I understand that the XU Pre-Medical Scholars Program Committee, in making its decision, will use the information I have provided. Errors of fact may result in the reversal of a favorable decision by the Committee. I also certify that if any pertinent changes occur that may be relevant to my application, I will notify Xavier University.

Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

## Letters of Recommendation

Please list below two people who are submitting letters of recommendation supporting your application. Letters are requested from non-relatives and individuals who know you well. At least one of the letters should come from a university science faculty member.

Name/Relationship \_\_\_\_\_

Name/Relationship \_\_\_\_\_

## Extracurricular Activities and Employment

Please list below any recent volunteer, employment, community, religious, or school extracurricular activities that demonstrate your leadership and interpersonal skills, sense of responsibility, tolerance and your interest in helping people. **Make sure to include any health care experiences.** Attach an additional sheet if, necessary.

Activity or Employment	Hours/Week/ Duration	Describe Activity/Employment & Your Role

## Your Education

List in chronological order, beginning with high school, all schools, colleges and universities attended, or currently attending, whether or not a degree was granted:

Institution and location	Major field of study	Dates attended	Degree (if any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What honors, prizes, awards or scholarships have (academic, religious, community, etc.) have you received in high school or college?

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What is your class level? (No Advanced Standing [AP]. Must be Sophomore, Junior, or Senior to qualify)

Cumulative GPA (must be 3.0 or higher, do not round—available at Student On-line Services):

Science GPA (must be 3.0 or higher):

## Essay

In 5300 characters or less (about a page and a half) write an essay describing your reasons for choosing a career in medicine. You will need to attach an additional sheet for your essay. Include any specific experiences that are relevant to your decision. Your essay should help us evaluate your personal qualifications for a medical career such as motivation, maturity, leadership, integrity, self-discipline, and concern for others. If you have worked in a health care setting, include any insight, perception, or additional understanding you have gained from these experiences.

**Return Application to: Xavier University, Director of Pre-Professional Health Advising, Kara Rettig-Pfingstag,  
XU/UCCOM Pre-Medical Scholars Shadowing Program  
3800 Victory Parkway, Cincinnati, Ohio 45207-4331  
Phone (513) 745-3691; Fax (513) 745-1079  
E-mail- rettigk@xavier.edu**