



Stony Brook University

Pre-Health Application

Section 1 : Personal Information

First Name

Middle Name

Last Name

Sex

Preferred Pronouns

Birthdate

Student ID #:

Stony Brook Email

Personal Email

Best Phone Number to Reach You:

Are You A US Citizen?

Places of Residence

Places of Residence

1

Enter All Places of Residence Starting with the most the recent

Country

Street

City

State

Postal Code

Add Address

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic
- Native Hawaiian or Other Pacific
- White
- Choose Not to Answer

Applicant ID (AADSAS, AAMC, AACOM, OPTOMCAS, or VMCAS) if Known

Are you planning to apply for the 2024 cycle (meaning you want to attend your professional school in fall 2024)?

What profession/program do you plan to apply for:

- Dentistry (DDS/DMD)
- Medicine (Allopathic MD)

- Medicine (Osteopathic (DO))
- Medicine (International)
- MD/PHD
- Optometry (OD)
- Podiatry (DPM)
- Veterinary (DVM)
- Enrichment Programs

Family Information

Father's Information

First Name

Last Name

Occupation

Country

Street

City

State

Postal Code

Highest Degree

Mother's Information

First Name

Last Name

Occupation

Country

Street

City

State

Postal Code

Highest Degree

Do you have any siblings?

- Yes
 No

Marital Status

Do you have any children?

- Yes
 No

Section 2: Academics

Admissions Tests: Check the tests that you have taken?

- DAT
 GRE

- MCAT
- OAT
- None

Admissions Tests: Check the tests that you plan to take?

- DAT
- GRE
- MCAT
- OAT
- None

Did you or do you plan to take a review course for the admissions test?

- Yes
- No

High School Information

High School Name

Date of Graduation

Did you obtain a degree from Stony Brook University?

- Yes
- No

Start Date

End Date

Degree Date

Degree Earned

College Information (List schools **OTHER THAN STONY BROOK** that you attended in chronological order)

College and Universities Attended

College/University 1

School Name

Level of Study

Address

Country

Street

City

State

Postal Code

Start Date

End Date

Degree Earned (Leave Blank if you did not earn your degree)

Credits Earned

[Add Another College/University](#)

College/University Academic Honors and Awards (Name of Award, Brief Description of Award, Date Received)



GRADE POINT AVERAGES: (BCPM means Biology, Chemistry, Physics, and Mathematics courses)

Enter all grades on a 4.0 Scale

Letter Grade	4.0 Scale
A+	4.0
A	4.0
A-	3.67
B+	3.33
B	3.0
B-	2.67
C+	2.33
C	2.0
C-	1.67
D+	1.33
D	1.0
E/F	0.00
Q	0.00

**** Disclaimer:** Your Stony Brook grade point average (GPA) and the GPA that is calculated in the autobiographical packet might differ slightly from the GPAs that are calculated by admissions services (AACOMAS, AADSAS, AMCAS, OPTOMCAS, VMCAS, etc.). These differences can be greater if you have taken courses at multiple schools.

Biology Courses

Biology Course 1

Biology Course (example BIO 201)

Grade (4.0 Scale)

Credits

[Add Additional Course](#)

Bio Total Credits

Grade Points

Chemistry Courses

Chemistry Course 1

Chemistry Course (example CHE 131)

Grade (4.0 Scale)

Credits

[Add Additional Course](#)

Chemistry Total Credits

Grade Points

Physics Courses

Physics Course 1

Physics Course (example PHY 131)

Grade (4.0 Scale)

Credits

[Add Additional Course](#)

Physics Total Credits

Grade Points

Math and Statistics Courses

Math and Statistics Course 1

Math Course (example AMS 161)

Grade (4.0 Scale)

Credits

[Add Additional Course](#)

Math Total Credits

Grade Points

Overall BCPM

Total Credits

Total Grade Point

Overall GPA

Section 3: Employment

Please list and describe all your employment experiences including high school, preferably in chronological order, along with dates and contact information.

Employment

Employer 1

Employer

Title

Start Date

End Date (leave blank if still employed)

Supervisor Name

Supervisor Title

Supervisor Email

Supervisor Phone

Description

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[Add Additional Employer](#)

Section 4: Extracurricular Activities

Please list and describe all your extracurricular experiences including high school, preferably in chronological order, along with dates and contact information.

Extracurricular Activities

Extracurricular 1

Exatracurricular

Role (example member or president)

Start Date

End Date

Description

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[Additional Activity](#)

Section 5: Health-Related Experiences

Please list and describe all your health-related experiences including high school, preferably in chronological order, along with dates and contact information.

Health-Related Experiences

Health-Related Experience 1

Employer

Title

Start Date

End Date

Hours per week

Supervisor Name

Supervisor Title

Supervisor Email

Supervisor Phone

Description

[Add Additional Experience](#)

Section 6: Research

Please list and describe all your research experiences, including high school, preferably in chronological order, along with dates and contact information.

Research

Research 1

Title

Start Date

End Date

Hours per Week

Total Number of Hours

List (Co-)Authorships, Awards, and Presentations



Supervisor Name

Supervisor Title

Supervisor Email

Supervisor Phone

Description of Your Work



[Additional Research](#)

Section 7: More About You

List Significant books you have read, your hobbies, and or travels, briefly explaining how they have interested you.

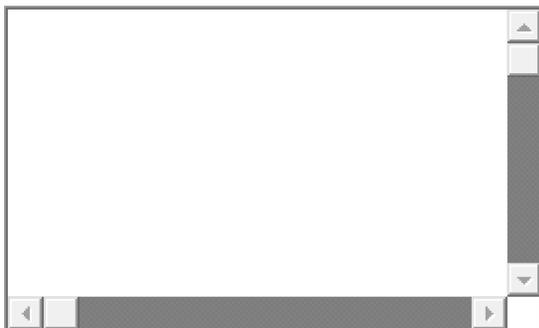
Books

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Hobbies

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Travel

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What has been the most important factor contributing to your successes?

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What has been the most important factor in whatever failures you have experienced?

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Are you from a disadvantaged background*?

- Yes
- No

*Defined as having at any point included in TWO OR MORE of the following:

- been homeless,
- been in the foster care system,
- been a Free and Reduced Price Lunch program participant,
- have had no parents or legal guardians who completed a bachelor's degree,

- received a federal [Pell grant](#),
- received support from the [Special Supplemental Nutrition Program for Women Infants and Children \(WIC\)](#),
- lived in a [HRSA rural area](#) or a Medicare and Medicaid designated [low-income and health professional shortage area](#).

Disciplinary problems, on-campus or off-campus, can be a source of worry for applicants. Nonetheless, admissions committees know that no one is perfect and that we can learn from our mistakes, thereby becoming stronger, better, more compassionate people. Use the space below to mention any infractions, on-campus or off-campus, and how they have changed you. Remember that many schools nowadays conduct background checks. (If you have no infractions on your disciplinary record, please put "NONE.")



Include any pertinent information that does not appear in the rest of your autobiographical packet.



Disciplinary Release:

I give permission for the office of Academic and Transfer Advising Services to contact the Office of University Community Standards and the Office of Academic Integrity at Stony Brook University to conduct a background check on my disciplinary history. I understand that access to my student disciplinary history will allow Pre-Professional Advising to provide me with the necessary guidance and assistance through the graduate school application process.

(Print Full Name)

Student ID #:

Section 8: Personal Statement

Upload your personal statement that you are intending to submit in your application (a good draft is fine)

Section 9: References

Waive my right of access to and review of this recommendation I am requesting:

- I agree
- I DO NOT agree

Enter **up to 5** recommenders below. The recommender's will automatically receive email and instructions on how to submit their recommendation.

When hitting submit, an automatically generate email will be sent to the recommender. Please do not enter a recommendation for someone you have already reached out to.

Recommender 1

Have you already contacted this recommender?

- Yes
- No

Name

Title

Institution and Department

Email

Phone

Recommender 2

Have you already contacted this recommender?

- Yes
- No

Name

Title

Institution and Department

Email

Phone

Recommender 3

Have you already contacted this recommender?

Yes

No

Name

Title

Institution and Department

Email

Phone

Recommender 4

Have you already contacted this recommender?

Yes

No

Name

Title

Institution and Department

Email

Phone

Recommender 5

Have you already contacted this recommender?

Yes

No

Name

Title

Institution and Department

Email

Phone

Title

Submit

