

Adams House Premed Packet 2026-2027

Due: Monday, March 23, 2026 at 9am

Hello! You're at the start of a long and admittedly tedious process of applying to medical school. But it's one that we hope will allow you to have a wonderful and fulfilling career as a physician.

This packet is very, very important to us and to YOUR application, so please take the time to thoughtfully answer all of the questions inside. We use the information here to write your Dean's Letter, which admissions committees have told us are an important advantage that Harvard students have. The more complete this packet is, the better our letters are. Please do meet with your NRTs in addition to filling this out – they offer useful advice on the application process and also because they will be able to write a better Dean's Letter for you if they know you personally. **Many of the questions in this packet are also clones of ones in the AMCAS (Primary) Application, so consider this a head start on your app.**



Leen Al Kassab



Varnel Antoine



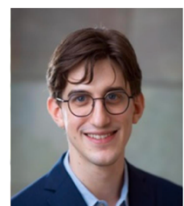
Maud Jansen



Dan Kim



Elishama Michel



Francesco Rolando



Chad Vigil

The Adams Premed Team is here to support, guide, and occasionally goad you through this application cycle. Please be in touch if you have any questions, concerns, or suggestions. And likewise, please answer our emails promptly as we simply want to help you. We care a lot about you and are excited to work with you throughout this process. Best of luck in the coming months!

(Email us at adams-medical@lists.fas.harvard.edu)

Rename this document Lastname Firstname Premed2026

Email completed materials (Premed packet, GPA packet, and all LORs) to
adams_coordinator@fas.harvard.edu.

Form	Page Number	Due Date
Intent to apply	https://forms.gle/1kGS4KZ1az8MvYqZA	Sunday, February 22
Release of Information/Waiver of Access Form	2	Monday, March 23
Adams House Premedical Application	3-7	Monday, March 23
MD-Ph.D. Supplement (only relevant for those applying MD-Ph.D.)	8	Monday, March 23
Letter of Recommendation Form	9	Ask for letters ASAP!

	Reprint as needed	Monday, April 1
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ADAMS HOUSE
OFFICE OF THE RESIDENT DEAN
26 PLYMPTON STREET
CAMBRIDGE, MASSACHUSETTS 02138-5004
PHONE (617) 495-2260; FAX (617) 495-0331
RELEASE OF INFORMATION/WAIVER OF ACCESS FORM

****Electronic signatures are fine****

TO THE STUDENT:

This form has two purposes. First, your signature to Part A authorizes Adams House to release information about you to recipients you select. Second, by so indicating on Part B, you waive or retain your right of access to the information Adams House releases.

Each letter of recommendation in your file should be accompanied by a *Letter of Recommendation Waiver Form* (page 8 of this packet, reprint as needed), which contains an optional waiver of rights of access to that letter. A "confidential" letter is one accompanied by such a signed waiver.

If you do not indicate on Part B of this form that you waive your right of access to the letter of recommendation Adams House prepares at your request, then information about "confidential" letters will not be used in the letter Adams House prepares for you.

Name of Student (please print):

Pursuant to the Family Educational Rights and Privacy Act of 1974, as amended:

PART A:

I hereby give consent to Adams House and Harvard University for the release of information from my educational records in connection with the writing of a letter or letters of recommendation for me.

Signed:	Date:

PART B:

I waive _____ do not waive _____ any right of access I have, as provided by law, to the letter(s) of recommendation described in Part A.

Signed:	Date:

ADAMS HOUSE PREMEDICAL APPLICATION

Email your completed forms (Premed packet, GPA packet, and all LORs) to
adams_coordinator@fas.harvard.edu.

Due: **Monday, March 23, 2026**

Please complete and submit using Microsoft Word.

Biographical Information:

Name:	
Year of Graduation:	
School Address and Phone: (Alumni Current Address and Phone)	
Home Address and Phone:	
Resident of What State?	
MD/PhD? (<i>must see a resident tutor for meeting</i>)	
Summer Address and Phone:	
Brief description of summer plans:	

Place of Birth:	
Parent Occupation(s):	
Relatives in Medicine: (school; position)	
High School name and location:	
Year of graduation, class size and rank in class:	
SAT, APs and Other Academic Test Scores:	
Notable High School experiences (sports, music, arts, health-related, etc.)	

Field of Concentration:	
Honors or Non-Honors?	
Thesis?	
If, yes, title or brief description, and grade awarded (if applicable):	

Languages:

Adams House Headshot:

Delete this text and Paste Headshot here
Full Name (pronouns): Concentration: Secondary/Citations: Year of Graduation: Non-Harvard email:

Academic Grades, Scores, and Coursework:

To determine if a class is BCMP vs AO GPA Use this:

<https://students-residents.aamc.org/applying-medical-school/article/course-classification-guide/>

GPA on a 4.0 scale (enter data from GPA Calculation Worksheet):

Year	Science ("BCPM") GPA	Nonscience ("AO") GPA	Total GPA
Freshman			
Sophomore			
Junior			
Senior			
Cumulative			
Post-bac or non-Harvard (if any)			
Overall with post-bac (if applicable)			

Do/did you have advanced standing?	Yes	No
Do/did you plan to use it to graduate early?	Yes	No N/A

MCAT Scores:

	MCAT SCORE SYSTEM				
	Overall Score	Chem & Phys Foundations of Biol Systems Score	Critical Analysis and Reasoning Skills	Biological and Biochemical Foundations of Living Systems Section	Psych, Social, Biological Foundations of Behavior Score
Date					
Date					
If you have not taken the MCAT, when do you plan to do so?					
Do you plan on taking the MCAT again? If so, when?					

Please list the courses you plan to use to fulfill premedical requirements. Include A.P.'s if appropriate. All courses must be finished by time of application. This list ensures all fulfilled bare minimum requirements.

Biology Course Name	Term Taken	Grade (or A.P. score)	Institution Taken (or A.P.)

Chemistry Course Name	Term Taken	Grade (or A.P. score)	Institution Taken (or A.P.)

<i>Physics</i> Course Name	Term Taken	Grade (or A.P. score)	Institution Taken (or A.P.)

<i>Mathematics</i> Course Name	Term Taken	Grade (or A.P. score)	Institution Taken (or A.P.)

<i>English/Writing</i> Course Name	Term Taken	Grade (or A.P. score)	Institution Taken (or A.P.)

Please list all the courses you plan to take next year (if applicable).

Fall Term	Spring Term
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Letters of Recommendation:

Please give the names of **at least four people** who will write you **strong** letters of recommendation (3-5 for MD, 6-8 for MD/PhD). Please indicate their academic position and department. ***All letters from professors before Spring 2026 must be submitted to the House by April 1st. Letters from the current semester (Spring 2026) must be submitted to the House by May 18, 2026. Confirm letters with your professors no later than April.*** Please make sure you and the recommender sign all proper release forms.

Science

Name	Academic Appointment	Relationship to you
1.		
2.		

3.		
4.		
5.		

MD/PhD only		
7.		
8.		

Essay Questions:

Enter answers to these questions below.

1. Please list the major college activities (extracurricular, community, vocational) in which you have participated. Include hours/weeks, positions held, awards received.
For up to three activities you consider to be most important, please write a brief description (<1325 characters) why and how it changed you.
2. Please list any other employment experience not mentioned above (summer; term-time; volunteer), including year and hours/week.
As above, for up to three you consider most significant, please write (<1325 characters) on how this job has changed your perspective.
3. Clinical Experience (where, when, hours/week, responsibility, key learning):
Please explain if and how this experience was informative to your medical ambitions. **This is important, and if you need or are interested in additional clinical experiences, please email us at adams-medical@hcs.harvard.edu**
4. Research Experience (where, when, hours/week, content, responsibility, publications):
Please explain in greater detail beyond the 1325 characters if this has been one of your most significant experiences.
5. Please list all academic honors/prizes during college.
6. Please list all nonacademic honors/prizes during college.
7. Please explain any past, present, or future discontinuity in your education (other than summer vacation) and describe what you have done while out of school or since graduation (you can refer to your above answers if needed).
8. Please explain (if warranted) an isolated, poor academic performance. (*This is to explain any inconsistencies in your performance, possibly due to illness, family issues, etc.*)
9. Please explain any major disciplinary problem (e.g., Ad Board). *Note that University policy requires us to include any academic or disciplinary probation in your letter. We will know from your record. You should mention such probation/other action both on your AMCAS and here.*
10. What careers besides medicine have you considered seriously? Please state, if possible, why you are turning away from them.
11. In what setting do you envision practicing medicine? Describe your ideal future career in 20 years.
12. What are your three greatest strengths? What are your three greatest weaknesses? What qualities about yourself would you like to see included in a letter of recommendation?
13. Lastly, is there anything else not covered above that explains to us ***why*** you are going into medicine?
14. (If you have a draft of your personal statement, please attach it!)

Don't forget! Fill out the GPA worksheet and email it to Amber Kuzmick (adams_coordinator@fas.harvard.edu)

Monday, March 23, 2026 at 9am.

Fill out information requested in Google Forms we send out promptly -- we cannot send your Dean's Letter before Adams House receives this information.

Adams House Premed Packet MD/Ph.D. Applicant Supplement

There are two essays on the primary AMCAS application that all applicants applying MD/Ph.D. must submit. For your premed packet, we suggest that you develop reasonable drafts of each essay and turn them in by the same deadline. You should then meet with one of the MD-Ph.D. resident tutors to discuss your interest in a combined degree after you turn in your full packet!

1. State your reasons for wishing to pursue the combined MD/Ph.D. degree (3,000 character limit).
2. Please describe your significant research experiences. In your statement, please specify your research supervisor's name and affiliation, the duration of the experience, the nature of the problem studied and your contributions to the project (10,000 character limit).

LETTER OF RECOMMENDATION WAIVER FORM



ADAMS HOUSE
26 PLYMPTON STREET
CAMBRIDGE, MASSACHUSETTS 02138-5004
PHONE (617) 495-2260 FAX (617) 495-0331

Please email your letter and completed waiver to Adams_Coordinator@fas.harvard.edu

STUDENTS: Complete Sections A and B and give this form signed to your recommender in person or electronically.

RECOMMENDERS: Complete and sign Section C. (at bottom of page) then attach this form to your recommendation and preferentially send both electronically to Adams_Coordinator@fas.harvard.edu. Alternatively, you can send in the pre-addressed, pre-stamped envelope provided by this student. **If the student has waived the right to see your recommendation in Section B. below, please type "CONFIDENTIAL" at the top of your letter.**

Please address your letter "To the Members of the Admissions Committee:" and compose it on official letter head.

NAME OF STUDENT (please print) _____ CLASS YEAR: _____

NAME OF RECOMMENDER (please print) _____

PURPOSE OF RECOMMENDATION: _____

DATE RECOMMENDATION DUE AT ADAMS HOUSE: _____

Section A. Consent:

In conjunction with the Family Rights and Privacy Act of 1974, I, the above-named student, do hereby give Harvard University and Adams House permission to release this letter of recommendation to any person or place designated by me, or for use in forming composite letters, such as Dean's Letters. This consent is to remain in effect until revoked by me in writing.

STUDENT'S SIGNATURE:	DATE:
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Section B. Waiver: I, the above-named student, waive ____ // do not waive ____ **(indicate your choice)** any right of access I may have, as provided by law, to this letter of recommendation.

STUDENT'S SIGNATURE:	DATE:
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Section C: Recommender Authorization:

I do ____ // do not ____ **(indicate your choice)** authorize use of portions of my letter in any composite House recommendations which may be requested by this student. (Please note: if the student has waived the right to see this recommendation, please write "CONFIDENTIAL" at the top of your letter.)

RECOMMENDER'S SIGNATURE:	DATE:
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