



**Please indicate a person who is generally knowledgeable of your whereabouts or who can be contacted in an emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Current Telephone: \_\_\_\_\_

ALL COLLEGES, GRADUATE AND PROFESSIONAL SCHOOLS ATTENDED (list in chronological order)

Name	Location	Dates of Attendance MM/YY MM/YY	Check if summer only	Check if Jr./Comm College	Major	Degree Granted or Expected (with date)
		to to				
		to to				
		to to				
		to to				
		to to				

**2. Other Academic Information**

a) Transcripts

**Please arrange to have an official transcript sent to us directly from all colleges you have attended.**

b) Please circle the required courses that you have already completed, and include any other courses you have completed on the recommended list (see UCSF Admissions Web Site). Be sure to include the grade earned:

Have you completed: (circle one)

One year of Biology with laboratory?	Yes / No / In Progress	Grade(s): _____
One year of Physics with laboratory?	Yes / No / In Progress	Grade(s): _____
One year of Chemistry with laboratory?	Yes / No / In Progress	Grade(s): _____
One year of Organic Chemistry?	Yes / No / In Progress	Grade(s): _____
English Composition?	Yes / No / In Progress	Grade(s): _____
Subject A passage (or equivalent coursework)	Yes / No / In Progress	Yes / No / In Progress

Recommended courses include Mathematics (to Calculus), upper division Biological Sciences, and Humanities.

Recommended courses completed: \_\_\_\_\_  
\_\_\_\_\_

- c) Overall undergraduate GPA \_\_\_\_\_ (Divide total grade points by units earned or completed)
- d) Overall undergraduate Math/Science GPA \_\_\_\_\_ (Divide total grade points by units earned or completed)

• In order to calculate your GPA use the following conversion table:

A+, A	A-	B+	B	B-	C+	C	C-	D+	D	D-	F
4.0	3.7	3.3	3.0	2.7	2.3	2.0	1.7	1.3	1.0	0.7	0

- **Please note, when listing your classes, INCLUDE ALL ATTEMPTS OF REPEATED COURSES IN GPA CALCULATIONS.**
  - **Do not include in your calculations for GPA or semester hours any courses that you have taken Pass/Fail and Credit/No Credit.**
  - **Include grades from all community college and university courses in your calculations.**
- e) If you have taken the MCAT exam, please send us an **official listing** of your scores. Include scores for each MCAT exam you have taken.

Number of times taken: \_\_\_\_\_

Date taken:	Verbal	Biological Sciences	Physical Sciences	Writing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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POST-SECONDARY HONORS/AWARDS:

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EXTRACURRICULAR, COMMUNITY, AND AVOCATIONAL ACTIVITIES:

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CHRONOLOGICAL POST-SECONDARY HISTORY, INCLUDING VOLUNTEER, PART-TIME AND FULL-TIME EMPLOYMENT. INDICATE WEEKLY HOURS.

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**3. Financial Aid Status**

Have you ever been in default on a student loan?  Yes  No

If yes, please explain: \_\_\_\_\_

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**4. Statement of Intent**

Please attach a concise statement of intent in essay format (*no more than one typed page*), covering the following points:

*(no more than one typed page)*

- Why you would like to participate in this program
- Your current academic status
- Why you would like to be a physician
- Why you are interested in working in underserved communities

Discuss your underserved or disadvantaged status [*Please note that a disadvantaged individual is one who, from an early age, resided in a low-income community or experienced enduring family, societal, or other hardship that significantly compromised educational opportunities.*]

**5. Letters of Recommendation**

Please submit two letters of recommendation. The letters must be from an instructor, academic advisor, or employer (if employed in a health sciences institution). **They must come directly from the author or be in a sealed envelope with the author's signature across the back flap.**

**6. Are you currently applying to any other undergraduate preparation programs?**

Yes  No If yes, please list below.

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## **7. Deadline for submission**

All application materials must be postmarked by April 19, 2004. However, we recommend that you submit your application before that time. Applications will be reviewed on an ongoing basis. Please make sure that your application is complete. If it is incomplete, your application will not be considered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All applicants will be notified by June 1, 2004.**

**Please send your completed application packet to:**

**If mailing via U.S. Mail:**

UCSF School of Medicine  
Post Baccalaureate Program  
Office of External Programs  
1855 Folsom Street, Box 0409  
San Francisco, CA 94143-0409

**If sending via FedEx, or other shipping service:**

UCSF School of Medicine  
Post Baccalaureate Program  
Office of External Programs  
1855 Folsom Street, Room 566H  
San Francisco, CA 94103

Questions may be directed to Gabrielle Fisher (415) 514-1390

**BACKGROUND/PROFILE**

The following section is designed to provide biographical and demographic information that will help us assess your past and present socioeconomic circumstances.

1. Type of Community (check all that apply)

	During your ages of:			
	1-5 years	6 – 11 years	12 – 17 years	18 years to Current
Ethnic community:				
Barrio, Ghetto	_____	_____	_____	_____
Reservation	_____	_____	_____	_____
Rural or Farming	_____	_____	_____	_____
Inner city/low Income	_____	_____	_____	_____
Other (define):	_____	_____	_____	_____
	(city)	(city)	(city)	(city)

2. Housing/Residence (check all that apply)

	During your ages of:			
	1-5 years	6 – 11 years	12 – 17 years	18 years to Current
Public or Subsidized	_____	_____	_____	_____
Rented by Family	_____	_____	_____	_____
Owned by Family	_____	_____	_____	_____

3. Education of Household Members (indicate highest level)

	During your ages of:			
	1-5 years	6 – 11 years	12 – 17 years	18 years to Current
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Guardian	_____	_____	_____	_____
Spouse (if applicable now)				_____

4. Parents Marital Status (indicate if Married, Divorced, Remarried, Single, Widowed)

_____	_____	_____	_____
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	1-5 years	During your ages of: 6 – 11 years	12 – 17 years	18 years to Current
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5. Employment of Household Members (Indicate primary occupation, or disabled, unemployed, on social security, retired)

Father	_____	_____	_____	_____
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Mother	_____	_____	_____	_____
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Guardian	_____	_____	_____	_____
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Spouse (if applicable now)				_____
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Applicant			_____	_____
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6. Predominant Language Spoken in the home \_\_\_\_\_