



Mail All Application Materials To:

Office of Pre-Health Advising and Mentoring
 1365 Memorial Drive
 Ungar Building, Rm 103
 Coral Gables, FL 33146

APPLICATION DEADLINE: March 16, 2018

PRE-HEALTH POST-BACCALAUREATE CERTIFICATE PROGRAM

For career changers who do not have an undergraduate science background and who want to pursue a career in health care

Applicant Name: _____
 First Middle Initial Last

Street Address: _____

Date of Birth: _____
 mm/dd/yyyy

City, State, Zip code: _____

Gender: Male Female

Home Phone #: _____

Veteran: Yes No

Mobile/Other Phone #: _____

E-mail Address: _____

Attended University of Miami: Yes No
 Dates: _____

Program Start: 2018 Summer Fall

RESIDENCE STATUS ***Please Note: At this time we are unable to accept international students for this program.***

Are you a United States citizen? Yes No

If not, name the country of citizenship and provide your Alien Registration #: _____

Are you a permanent U.S. resident? Yes No

EDUCATION

List all colleges and/or universities attended. Please indicate degree earned, if applicable.

College Name Attended	Degree Earned	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Overall undergraduate GPA: _____

GPA last four semesters of undergraduate or graduate course work: _____

We require a minimum 3.5 GPA in the last four semesters of academic work (undergraduate, graduate) course work. Only grades posted as of the date the application is submitted will be considered.

Have you been subject to any institutional actions for academic or non-academic misconduct? Yes No
If yes, please attach explanation.

ESSAY

On a separate page, please submit an essay of approximately 500-1000 words discussing your decision to pursue a health professional career. Include any previous experiences which have contributed to your decision (such as volunteer work and/or employment) and describe how our post-baccalaureate program will help you achieve your career goal.

I certify that the information provided on this application form is complete and accurate. I understand that making false or fraudulent statements on these registration forms could result in denial of approval, disciplinary action, and invalidation of credits or degrees earned. Should there be any change in the substance of the information given here, I will notify the Office of Pre-Health and Advising immediately.

Signature of applicant: _____ Date: _____

APPLICATION CHECKLIST – PLEASE NOTE: APPLICATION CANNOT BE REVIEWED BY THE COMMITTEE UNTIL ALL DOCUMENTS HAVE BEEN RECEIVED.

- Signed application form
- \$75 Non-refundable check payable to: University of Miami
- Essay (500-1000 words)
- One letter of evaluation from a faculty member with whom you have taken a course
- Official Transcript(s) from all institutions attended

All application materials must be received by our office no later than 5:00 p.m. on **March 16, 2018**. It is your responsibility to confirm with the Pre-Health Office that all required application materials have been received by this deadline. Incomplete applications will not be processed.