

The Pforzheimer House



DUE: April 1st

Pre-Medical Application

**Brought to you by the
Pforzheimer House Pre-Medical
Advisory Committee**

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INTRODUCTION

This application has been designed by the Pforzheimer House Pre-Medical Advisory Committee in order to facilitate the composition of your House Letter and to better prepare you for medical school applications and interviews. Use it in conjunction with the Pre-Medical Handbook in order to examine your past experiences and how they have influenced your desire to become a physician.

IMPORTANT PEOPLE

The medical school application process is coordinated by the House Office. They organize and submit all of the paperwork for your committee letters, letters of recommendation, and schools you are applying to. Please be mindful of deadlines, kind and considerate to these hard-working people. They are your allies.

Allston Burr Resident Dean: Monique A. Roy
Academic Coordinator: Tara Lima

pforzheimerhousedean@fas.harvard.edu
pforz@fas.harvard.edu

INSTRUCTIONS AND DEADLINES

Please remember that a complete application is comprised of this form, as well as the documents requested on the following page. Late applications will be lower on the priority list and may affect the strength of your committee letter. All materials should be submitted to the Academic Coordinator (pforz@fas.harvard.edu).

APPLICATION CHECKLIST

April 1st, 11:59PM

- ☐ Submit this form. If submitting via email, please include your name in the title of the file, preferably **Last, First - PreMed App 2024**
- ☐ Submit an unofficial transcript from Harvard College. Instructions here: <http://registrar.fas.harvard.edu/transcript/order-transcript>
 - If you are a current undergrad, after Spring 2024 grades have been finalized you will need to submit an updated unofficial transcript during the summer.
 - Harvard Summer School courses will only appear on a transcript requested from the Division of Continuing Education. More information is available at the link above.
- ☐ Submit copies of your MCAT/DAT/GRE scores. If you take an exam multiple times, always submit updated score reports.
- ☐ Submit the GPA excel worksheet (see page 5).
- ☐ Submit the Dean's Letter Release Form (see page 10).

May 1st, 11:59PM

- ☐ Double-check that your letters of recommendation have arrived in the House Office.

July 1st, 11:59PM

- ☐ Submit the AMCAS Letter Request Form (this is automatically generated when “adding” a committee letter in AMCAS application).
- ☐ Current students and Class of 2024 Alums: Submit an additional unofficial transcript that includes Spring 2024 grades.
- ☐ Submit any updated MCAT/DAT/GRE score reports.

August 10th, 11:59PM

- ☐ Finalize list of schools and recommendation letters to be included with committee letter.

August 15th, 11:59 PM

Your committee letter packet will be uploaded to AMCAS on this date. **This is firm.**

SUMMARY SHEET

Identifying Information

Name: Last, First Middle

Preferred Email: _____

Permanent Phone: _____

Harvard ID #: _____

(If current student) Pfoho Mail Box #: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

State being claimed as Legal Residence: _____

Age: _____

Are you a US citizen? [Select](#)

If no, please indicate country of citizenship: _____

How do you describe your ethnicity/race/background? Please be as specific as you like (e.g. Asian, Black, Hispanic, multiracial, etc.)

Date of Birth: [Click here](#)

Place of Birth: _____

Concentration(s): _____

Foreign Language Citation: _____

Date of Graduation: [Click here](#)

Secondary: _____

Honors? [Select](#) Thesis? [Select](#)

Degree(s): _____

Summer Address and Phone

(If different than the above.)

Address: _____

Phone: _____

Email: _____

Summer Contact

(List a person who will be able to reach you at any point during the summer.)

Name: _____

Relationship: _____

Phone: _____

Email: _____

Application Data

Please indicate below the types of programs to which you will be applying. Check any that apply:

☐ MD only

☐ MD/PhD

☐ MD/MPH

☐ Dental

☐ DVM

QUANTITATIVE DATA

AMCAS requires you to complete an Academic Record Sheet (their own version of a transcript) and strongly suggests that you use their GPA calculation format to determine your own AMCAS GPA. We require this information for your House letter. Visit https://pfoho.harvard.edu/files/pfoho/files/gpa_worksheet.xlsx to complete the GPA worksheet/AMCAS GPA calculations sheet. The worksheet does not need to be typed, but it does need to be completed in its entirety, re-checked, and submitted to the Academic Coordinator (pforz@fas.harvard.edu or in-person). THIS IS REQUIRED IN ADDITION TO THE SUBMISSION OF AN UNOFFICIAL TRANSCRIPT. **Transfer all requested values to the respective question below.**

The completion of this section will be tedious and time consuming, yet, once accomplished, you can transfer your answers directly to the actual AMCAS form. Remember that you must include any college level courses taken in high school or while an undergraduate (including summer classes and courses at other schools). Additional suggestions regarding this section can be found in the AMCAS section of the Pforzheimer House Pre-Medical Handbook as well as at www.aamc.org. Please refer to the AMCAS application at aamc.org for complete details regarding grade reporting.

Grade Point Averages

	Science GPA	Non-Science GPA	Overall GPA
Freshman Year	_____	_____	_____
Sophomore Year	_____	_____	_____
Junior Year	_____	_____	_____
Senior Year	_____	_____	_____
Overall Undergrad	_____	_____	_____
Graduate Courses	_____	_____	_____
Post-Bacc Courses	_____	_____	_____
Overall	_____	_____	_____

MCAT Scores

Have you taken the MCAT?		Select	If no, when do you plan to take it?			Click here
	Date	Total	CARS	Physical	Bio	Behave
First Time Taken	Click here	_____	_____	_____	_____	_____
Second Time Taken	Click here	_____	_____	_____	_____	_____

DO NOT FORGET TO ALSO SUBMIT THE SCORE REPORT(S).

BACKGROUND AND EXPERIENCE

Family

Guardian #1

Guardian #2

Name:	_____	_____
Relation:	_____	_____
Occupation:	_____	_____
Employer:	_____	_____
Education:	_____	_____
Siblings (age and gender):	_____	
Relatives in Medicine:	_____	

Research / Clinical Experience

Research Experience

	Where	Hrs/Wk
Freshman Year:	_____	_____
Freshman Summer:	_____	_____
Sophomore Year:	_____	_____
Sophomore Summer:	_____	_____
Junior Year:	_____	_____
Junior Summer:	_____	_____
Senior Year:	_____	_____
Post-Grad:	_____	_____

Clinical Experience

	Where	Hrs/Wk
Freshman Year:	_____	_____
Freshman Summer:	_____	_____
Sophomore Year:	_____	_____
Sophomore Summer:	_____	_____
Junior Year:	_____	_____
Junior Summer:	_____	_____
Senior Year:	_____	_____
Post-Grad:	_____	_____

Undergraduate Experiences

When did you matriculate at Harvard?: [Click here.](#)

Harvard Acceptance Status: [Select](#)

List any other universities attended and dates: _____

Current Harvard concentration(s): _____

Previous concentration(s) and switch dates: _____

Are you an Honors candidate? [Select](#)

1. List any **academic honors** and/or prizes you have received while in college. Include brief descriptions where appropriate.

2. If you will write an **honors thesis**, please name your advisor, give the title of your thesis, and summarize your topic below.

3. List any **extracurricular activities** with which you were involved. Include names, dates, time commitment/week, brief descriptions, and offices held where appropriate.

4. List your college **work experiences**. Include dates, hours and brief description of duties.

5. List any **research experiences** in which you have been involved (need not be basic science research). Include institution, lab, dates, brief descriptions and responsibilities.

6. List any **clinical experiences** you have had. Include institution(s), dates, brief description and list of responsibilities/skills.

7. How have you spent your **college summers**. Please list chronologically and be brief if the activity has already been mentioned.

8. List any other sports, house activities, and other **extra-curricular activities** and/or hobbies not yet mentioned with which you have been involved while in college (or after graduation).

9. List any **special skills** (languages, artistic talents, music abilities, computer skills, etc.) that you would like us to know about (include awards or distinctions received).

10. If you have taken a **leave of absence** during college please briefly explain why. List the dates involved, reason for leave, and how you spent your time.

11. If you have been placed on disciplinary probation or required to withdraw, list the action, consequences, and give a brief explanation below. (Admonishment by the Ad Board and Dean's Warnings are not reportable.)

12. If you are a Pforzheimer House alum (or graduating senior), please list your date of graduation and explain how you have spent (will spend) your **time since (after) graduation**.

High School Information

High School Name(s), location(s) and graduation date: _____

List any special attributes of your high school (science prep, Governor', music, boarding, etc.):

High school GPA on 4.0 scale (include whether you were valedictorian or salutatorian): _____

High school class rank (include total number in graduating class): _____

1. Briefly list any significant high school academic achievements and awards. Include a brief description where appropriate.

2. Briefly list any significant high school activities and organizations (include offices held, length of time involved and a brief description where appropriate):

3. List any significant high school work experiences (include number of years and hours/week):

ESSAY QUESTIONS

Many of these questions will be useful to you (and perhaps repeated) in your applications and interviews and will serve to help your premedical advisor write your house letter. Please take time in completing them and type your response. (2-3 paragraphs each)

1. Why did you select your concentration? How do you expect it to contribute to your future development as a physician?

2. What have been the strengths and weaknesses of your academic performance in college? What have you done to improve any weaknesses in your academic record that may be mentioned by a medical school admissions officer? Please provide clarification and describe how you rectified the situation.

3. Given that there are any number of careers for people who "like science" and "want to help others", how do you know that medicine is the right career choice for you?

4. What careers other than medicine have you considered? Why have you chosen not to pursue these careers?

5. Please relate a specific clinical experience that affected you in your decision to join the medical profession.

6. If you feel that a personal hardship has significantly affected your life, your career choices, or your academic performance please explain the situation.

7. If you feel that your gender, orientation, religion, or race has posed a specific challenge to you in your personal or academic development, please describe this challenge and any steps you have taken to overcome it.

8. What are your plans for the future, 10-15 years down the road? How will you contribute to the field of medicine?

ADDITIONAL DOCUMENTATION

Dean's Letter Release

Per Harvard College policy, in order for your Allston Burr Resident Dean, Premed Advisor, and Resident PreMed Tutors to have access to your educational records in order to compile your House Letter, the Request for a Dean's Letter waiver must be completed. This form can be found online (https://pfoho.harvard.edu/files/pfoho/files/deans_letter_waiver.pdf) as well as outside the Academic Coordinator's office, and must be completed by the applicant and submitted along with this Pfoho Premed Application by April 1st.

Letters of Recommendation

After you have submitted this form the Academic Coordinator will contact you with a list of recommendations you already have on file. You will be asked to select which recommenders' letters you wish to be submitted as part of your application by August 10.

We generally recommend selecting 5 letters of recommendation for submission for MD applicants, and 5-6 for MD/PhD candidates (non-inclusive of the House Committee Letter). While the maximum number of letters for submission is 5 for MD and 6 for MD/PhD, your other letters on file can still be drawn upon to write your Committee Letter. If you are considering submitting fewer or more than the number of letters recommended, or if you have any other questions regarding letters of recommendation, please contact the Pfoho Premed Committee at pfohopremedcommittee@gmail.com.

The waiver form to be given to your recommenders when you ask them to write you a recommendation can be found at (https://pfoho.harvard.edu/files/pfoho/files/LOR_waiver.pdf) well as outside the Academic Coordinator's office. It is your responsibility to make sure that all requested letters of recommendation are accompanied by a waiver form, otherwise they cannot be used in your House letter! Letters of recommendation are guaranteed to be included in your House letter if they arrive at the Pforzheimer House Office by May 1st. If received later than this date, they will be submitted to medical schools, but we cannot guarantee that they will be included in your House letter.

Remember to ask all of your recommenders if they can write you a strong letter of recommendation and provide them with as much information as possible about your application, i.e. a cover letter, your resume, and a copy of your AMCAS essay. Be sure to talk to them about why you want to go to medical school. Also, remember to write thank you notes! Please refer to your Pfoho PreMed Handbook for further advice regarding letters of recommendation.

APPLICATION PLANNING

List 4-6 recommenders who you have asked/plan to ask for letters of recommendation:

Name: _____	Title: _____	Relationship: _____
Name: _____	Title: _____	Relationship: _____
Name: _____	Title: _____	Relationship: _____
Name: _____	Title: _____	Relationship: _____
Name: _____	Title: _____	Relationship: _____
Name: _____	Title: _____	Relationship: _____

List schools to which you are planning to apply and their respective states:

School: _____	State: _____	School: _____	State: _____
School: _____	State: _____	School: _____	State: _____
School: _____	State: _____	School: _____	State: _____
School: _____	State: _____	School: _____	State: _____
School: _____	State: _____	School: _____	State: _____
School: _____	State: _____	School: _____	State: _____
School: _____	State: _____	School: _____	State: _____
School: _____	State: _____	School: _____	State: _____
School: _____	State: _____	School: _____	State: _____
School: _____	State: _____	School: _____	State: _____
School: _____	State: _____	School: _____	State: _____