

Bates

Medical Studies Committee Letter Registration Form

The following form mimics aspects of the AMCAS application form, which should prove helpful for both medical and dental applicants. Please submit your completed Registration Form to James H. Smith (jsmith6@bates.edu) via email by January 15, 2021 for the 2022 matriculation cycle. **Note: All red-outlined fields require an answer.**

Applicant Information

Full Name: _____ **DOB:** _____
Last First M.I.

Current Residence: _____
Street Address Apartment/Unit #

City State ZIP/Postal Code Country

Legal Residence: _____
Street Address Apartment/Unit #

*City *State ZIP/Postal Code Country*

Phone: _____ **Email:** _____

**Your legal state of residence answer represents the residency or domicile of your true, fixed, and permanent home. If you moved into a state for the sole purpose of attending school, do not count that state as your state of legal residence. Each state determines legal residency differently. You should contact your individual state for legal residence qualifications.*

Sex: _____ **Gender Identity:** _____ **Pronouns:** _____

Are you an International Student: YES NO

Citizenship:

Languages:	Proficient?		Language used in childhood home?	YES	NO
	YES	NO		YES	NO
Language 1 _____			Language used in childhood home?	YES	NO
Language 2 _____			Language used in childhood home?	YES	NO

Underserved (self-reported):

Racial and ethnic populations underrepresented in the medical profession relative to their numbers in the general population

Disadvantaged (self-reported):

Economically disadvantaged or of low socio-economic status

BIPOC (self-reported):

Black, Indigenous, and People of Color

First Generation College Student:

First member of a family to attend college

Education

High School: _____ Address: _____

Date Entered Bates College:

Graduation (or Expected) Date:

Major(s) at Bates College:

Minor(s) and/or GEC(s):

Thesis Title(s):

Grades & Awards:	GPA	<u>BCPM GPA</u>	Dean's List:	Post-secondary Honors/Awards
First-Year			Yes No	1.
FY Short-Term				2.
Sophomore Year			Yes No	3.
So. Short-Term				4.
Junior Year			Yes No	5.
Jr. Short-Term				6.
Senior Year			Yes No	7.
Sr. Short-Term				8.
Cumulative GPA				9.
				10.

COURSEWORK TAKEN OUTSIDE OF BATES COLLEGE

Please list all coursework taken outside of Bates College. You are required to submit all transcripts to the Medical Studies Committee in addition to the information provided below.

Course	Institution	Semester, Year	GPA

What health profession will you be applying for? _____

Tentative list of up to six schools to which you are applying:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Have you been the subject of any institutional action at Bates and/or do you have a criminal record? If yes, please explain.

Short Answers

1. Medical schools value diversity as a driver of excellence and are committed to building an educational community made up of members with diverse talents, experiences, opinions, and backgrounds. In reflecting on your personal background, how might you contribute to the overall diversity of a medical school community?

2. Describe a time or a situation where you have been unsuccessful or failed. What coping skills (not problem solving skills) do you use when confronted with a difficult situation?

3. What have we not learned about you from your Registration Form thus far? Tell us your backstory and share a snapshot of the world you come from. Please feel free to explore any geographic, language, economic, academic, physical, or emotional hardships you have faced.

4. Are there any special, unique or personal aspects of your story that you wish to share with members of the Medical Studies Committee that have not been addressed elsewhere?

Work/Activities

Applicants are allowed to enter a maximum of 15 experiences in the [Work/Activities](#) section of the AMCAS application, and are limited to 700 characters for each description. We ask that you only share three experiences with our Committee: Select your top three “Most Meaningful Experiences” and list them in the three spaces provided below. As with AMCAS, the Bates Medical Studies Committee will provide you with an additional 1,325 characters to explain why a Most Meaningful experience was particularly meaningful to you.

Experience Type #1:

Experience Name: _____

Experience Dates: _____

Organization Name: _____

Contact Email: _____

Total Hours: _____

City/State/Country: _____

Experience Description:

Experience Type #2:

Experience Name: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____

Experience Type #3:

Experience Name: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____

Testing

MCAT/DAT EXAMINATIONS:

Which admissions test applies to you?

Examination (or Estimated) Date(s):

MCAT Examination Score:

Overall:

Percentile:

MCAT Subsection Scores:

Chemical and Physical Foundations of Biological Systems:

Critical Analysis and Reasoning Skills:

Biological and Biochemical Foundations of Living Systems:

Psychological, Social, and Biological Foundations of Behavior:

DAT Examination Scores:

Academic Average (AA) Score:

Percentile:

Total Science (TS) Score:

Perceptual Ability Score:

Did you take a test preparation course in advance of your examination?

- If Yes, which course? _____
- If No, how did you prepare? _____

Do you feel you had all of the necessary resources to prepare for the exam?

- If No, what would have helped? _____

Letters of Recommendation

You should have at least three references for your medical and dental school applications. Two references must be academic. At least one of the two academic references should be from a science faculty member.

Your letters of recommendation are critical to your application. Please see our [2022 New Applicants page](#) for Important information about your individual references.

- References take time to be completed, so ask early and provide the [Guidelines for Reference Writers and the Reference Release Form](#) to the writer so that your references are submitted properly for you.
- All references should be on **Letterhead, Signed, and Dated (Recently)**.
- You will need one [Medical Studies Reference Release Form](#) per individual letter of recommendation. Sign each form and provide one to each letter writer so that each author can submit a copy of the release form attached to your letter.

Please list the names and titles of at least three individuals writing your letters of recommendation:

- 1.
- 2.
- 3.
- 4.