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, 2022 for the 2023 matriculation cycle. Note: All red-outlined fields require an answer.

		Applicant	: Informatio	n	
Full Name:				DOB	:
Last		First		М.І.	
Current Residence	e:				
	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: Gend	ler Identit	y:		Pronouns:		
Are you an International Stude	YES ent:	NO		Citizenship:		
Languages:		Profic YES	cient?		YES	NO
Language 1			-	Language used in childhood home?	YES	NO
Language 2		YES	NO	Language used in childhood home?	TLS	NO
Language 3		YES	NO	Language used in childhood home?	YES	NO
Language 4		YES	NO	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

Identification (self-reported):

Race and/or ethnicity

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 GE	EC(s):				
Thesis Title(s):					
Thesis Advisor:					
Grades & Awards:	GPA	BCPM GPA	Dear	n's List:	Post-secondary Honors/Awards
First-Year			Yes	No	1.
FY Short-Term					2.
Sophomore Year			Yes	No	3.
So. Short-Term					4. F
Junior Year			Yes	No	5. 6.
Jr. Short-Term Senior Year					7.
Senior Year Sr. Short-Term			Yes	No	8.
51. 511011-10111					9.
Cumulative GPA					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.

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10		- 6

MCAT/DAT EXAMINATIONS:

Which admissions test applies to you? Examination (or Estimated) Date(s):

MCAT Examination Score: MCAT Subsection Scores:	Critical Analysis and Reasor Biological and Biochemical	Percentile: adations of Biological Systems: ning Skills: Foundations of Living Systems: iological Foundations of Behavior:
DAT Examination Scores:	Academic Average (AA) Scc Total Science (TS) Score: Perceptual Ability Score:	re: Percentile:

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 <u>2023 New Applicants</u> web page for important information about your individual references.

- References take time to submit; make requests early and provide the <u>Guidelines for Reference Writers</u> and the <u>Reference Release Form</u> to each writer so that your references are properly submitted for you.
- All references should be on Letterhead, Signed, and Dated (Recently).
- You will need one <u>Medical Studies Reference Release Form</u> per individual letter of recommendation: Sign each form, provide one to each letter writer, and each writer will then sign and attach their release form to their letter of recommendation in advance of submitting to James H. Smith.

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

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

Short Answers (800 Characters)

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? (800 Characters)

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. (800 Characters)

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? (800 Characters)

Work/Activities

Applicants are allowed to enter a maximum of 15 experiences in the <u>Work/Activities</u> 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:	
Organization Name:	
Total Hours:	
Experience Description:	

Experience Dates:	
Contact Email:	
City/State/Country:	

Experience Type #2:	
Experience Name:	
Organization Name:	
Total Hours:	
Experience Description:	

Experience Dates:	
Contact Email:	
City/State/Country:	

Experience Type #3:	
Experience Name:	Experience Dates:
Organization Name:	Contact Email:
Total Hours:	City/State/Country:
Experience Description:	