

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, 2024 for the 2025 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: _____ **Personal 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 (all):** _____

Languages:	Proficient?			YES	NO
	YES	NO			
Language 1			Language used in childhood home?		
Language 2			Language used in childhood home?		
Language 3			Language used in childhood home?		
Language 4			Language used in childhood home?		

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

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 below. If no, please indicate that below, as well.

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

At least three references are necessary for medical & dental school applications: two must be academic, one or more of which must be from a science faculty member. However, medical schools are increasingly setting a limit on the number of individual letters of recommendation that they will review. Michigan Medicine, for example, requires a minimum of three letters, and a maximum of four letters. Please see our [New Applicants](#) web page for further information about your individual references, in addition to the following guidance:

- References take time to submit; make requests early and provide the [Guidelines for Reference Writers and the Reference Release Form](#) to each writer, ensuring that your references are properly submitted.
- All references Must be on **Letterhead, Signed, and Dated (Recently)**.
- One [Medical Studies Reference Release Form](#) is required per individual letter of recommendation: Sign each form, provide one to each letter writer, and each writer will subsequently sign and attach their release form to their letter of recommendation in advance of submitting materials 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 [Work/Activities](#) section of the AMCAS application, each limited to 700 characters; an additional 1,325 characters are allowed to describe 3 of those experiences, known as the "Most Meaningful Experiences". Please share your three Most Meaningful Experiences in the spaces provided below, each with a maximum of 2,025 characters (700 + 1,325). The quality of your descriptions should equal what you would submit on your professional school application.

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: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____