

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. Email your completed Registration Form to James H. Smith (jsmith6@bates.edu) by January 15, 2027 for the 2028 matriculation application cycle. **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 User	Independent User	Basic User
Language 1	☐	☐	☐
Language 2	☐	☐	☐
Language 3	☐	☐	☐
Language 4	☐	☐	☐

Underserved (self-reported): Select

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

Disadvantaged (self-reported): Select

Economically disadvantaged or of low socio-economic status

Identification (self-reported): Select

Race and/or ethnicity

First Generation College Student: Select

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):

Thesis Advisor(s):

Grades & Awards: GPA **BCPM GPA** Dean's List: Post-secondary Honors/Awards

First-Year Fall ☐ Winter ☐

	FY Short-Term	FY Long-Term	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32	2032-33	2033-34	2034-35	2035-36	2036-37	2037-38	2038-39	2039-40	2040-41	2041-42	2042-43	2043-44	2044-45	2045-46	2046-47	2047-48	2048-49	2049-50	2050-51	2051-52	2052-53	2053-54	2054-55	2055-56	2056-57	2057-58	2058-59	2059-60	2060-61	2061-62	2062-63	2063-64	2064-65	2065-66	2066-67	2067-68	2068-69	2069-70	2070-71	2071-72	2072-73	2073-74	2074-75	2075-76	2076-77	2077-78	2078-79	2079-80	2080-81	2081-82	2082-83	2083-84	2084-85	2085-86	2086-87	2087-88	2088-89	2089-90	2090-91	2091-92	2092-93	2093-94	2094-95	2095-96	2096-97	2097-98	2098-99	2099-00	2100-01	2101-02	2102-03	2103-04	2104-05	2105-06	2106-07	2107-08	2108-09	2109-10	2110-11	2111-12	2112-13	2113-14	2114-15	2115-16	2116-17	2117-18	2118-19	2119-20	2120-21	2121-22	2122-23	2123-24	2124-25	2125-26	2126-27	2127-28	2128-29	2129-30	2130-31	2131-32	2132-33	2133-34	2134-35	2135-36	2136-37	2137-38	2138-39	2139-40	2140-41	2141-42	2142-43	2143-44	2144-45	2145-46	2146-47	2147-48	2148-49	2149-50	2150-51	2151-52	2152-53	2153-54	2154-55	2155-56	2156-57	2157-58	2158-59	2159-60	2160-61	2161-62	2162-63	2163-64	2164-65	2165-66	2166-67	2167-68	2168-69	2169-70	2170-71	2171-72	2172-73	2173-74	2174-75	2175-76	2176-77	2177-78	2178-79	2179-80	2180-81	2181-82	2182-83	2183-84	2184-85	2185-86	2186-87	2187-88	2188-89	2189-90	2190-91	2191-92	2192-93	2193-94	2194-95	2195-96	2196-97	2197-98	2198-99	2199-00	2200-01	2201-02	2202-03	2203-04	2204-05	2205-06	2206-07	2207-08	2208-09	2209-10	2210-11	2211-12	2212-13	2213-14	2214-15	2215-16	2216-17	2217-18	2218-19	2219-20	2220-21	2221-22	2222-23	2223-24	2224-25	2225-26	2226-27	2227-28	2228-29	2229-30	2230-31	2231-32	2232-33	2233-34	2234-35	2235-36	2236-37	2237-38	2238-39	2239-40	2240-41	2241-42	2242-43	2243-44	2244-45	2245-46	2246-47	2247-48	2248-49	2249-50	2250-51	2251-52	2252-53	2253-54	2254-55	2255-56	2256-57	2257-58	2258-59	2259-60	2260-61	2261-62	2262-63	2263-64	2264-65	2265-66	2266-67	2267-68	2268-69	2269-70	2270-71	2271-72	2272-73	2273-74	2274-75	2275-76	2276-77	2277-78	2278-79	2279-80	2280-81	2281-82	2282-83	2283-84	2284-85	2285-86	2286-87	2287-88	2288-89	2289-90	2290-91	2291-92	2292-93	2293-94	2294-95	2295-96	2296-97	2297-98	2298-99	2299-00	2300-01	2301-02	2302-03	2303-04	2304-05	2305-06	2306-07	2307-08	2308-09	2309-10	2310-11	2311-12	2312-13	2313-14	2314-15	2315-16	2316-17	2317-18	2318-19	2319-20	2320-21	2321-22	2322-23	2323-24	2324-25	2325-26	2326-27	2327-28	2328-29	2329-30	2330-31	2331-32	2332-33	2333-34	2334-35	2335-36	2336-37	2
--	---------------	--------------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---

Sophomore Year Fall ☐ Winter ☐

So. Short-Term

Junior Year Fall ☐ Winter ☐

Jr. Short-Term

Senior Year Fall ☐ Winter ☐Sr. Short-Term ☐ Fall ☐ Winter ☐

Cumulative GPA

1.

2.

3.

4.

5.

6.

7.

8.

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
		Cumulative GPA (Post-bacc)	
		Cumulative sGPA (Post-bacc)	

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? **Select**

How many tests have you completed? **Select**

All (Past/Future/Estimated) Exam Dates:

MCAT Examination Score:

Overall: **N/A**

Percentile: **N/A**

MCAT Subsection Scores are REQUIRED

Chemical and Physical Foundations of Biological Systems: **N/A**

here along with your MCAT Exam score.

Critical Analysis and Reasoning Skills: **N/A**

Biological and Biochemical Foundations of Living Systems: **N/A**

Psychological, Social, and Biological Foundations of Behavior: **N/A**

DAT Examination Scores:

Academic Average (AA) Score:

Percentile: **N/A**

DAT Subsection Scores are REQUIRED

Total Science (TS) Score:

here along with your DAT Exam Score.

Perceptual Ability Score:

Applicants who have completed one or more MCAT/DAT examination(s) are required to **submit a printout of all attempts** to be included with your completed Medical Studies Committee registration form (for informational purposes only, not as part of your Committee evaluation).

Please provide specific details about your test preparation. Include all applicable examples from the following:

Test preparation course completed (provide the test company), books, tutor, coach, how much money you spent on preparation, how many hours you spent studying, how college classes prepared you, how other experiences such as internships/employment/networking may have prepared you. Were you employed while preparing (full time or part time)?

Do you feel you had all of the necessary resources to prepare for the exam? If not, what additional resources would have helped? If you were to take the exam again, in what ways would you prepare differently than before?

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 [Committee Letter](#) 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.

Professional School Applications

What health profession will you be applying for? _____

Tentative list of up to six schools to which you will be applying:

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

**Essay: Why do you want to become a doctor or dentist? What are your motivations to pursue this career?
How do you envision yourself in the role? What is your mission statement?**

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)**
- 5. What is your clinical preparation for a career in medicine or dentistry (hours, roles, settings)? How does this preparation inform your understanding of medicine or dentistry? (800 Characters)**

Work/Activities

Applicants are allowed to enter up to 15 experiences in the [Work/Activities](#) section of the AMCAS application, 12 of which are limited to 700 characters, and 3 of which are allowed an additional 1,325 characters to describe their "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), and up to 12 additional experiences, each with a maximum of 700 characters. **The quality of your answers & effort should mimic that of a professional school application.**

Experience Type #1: Select

Experience Name: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____

Experience Type #2: Select

Experience Name: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____

Experience Type #3: Select

Experience Name: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____

Experience Type #4: Select

Experience Name: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____

Experience Type #5: Select

Experience Name: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____

Experience Type #6: Select

Experience Name: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____

Experience Type #7: Select

Experience Name: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____

Experience Type #8: Select

Experience Name: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____

Experience Type #9: Select

Experience Name: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____

Experience Type #10: Select

Experience Name: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____

Experience Type #11: Select

Experience Name: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____

Experience Type #12: Select

Experience Name: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____

Experience Type #13: Select

Experience Name: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____

Experience Type #14: Select

Experience Name: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____

Experience Type #15: Select

Experience Name: _____

Organization Name: _____

Total Hours: _____

Experience Description:

Experience Dates: _____

Contact Email: _____

City/State/Country: _____