SDSU Health Professions Advising Office

Intent to Apply - Application Year 2019

Application Review Process

Submitting this form indicates your intention to apply for 2019 admission. You may only go through the Application Review for the year you are applying for admission. **Please submit this form by 5pm, Thursday, February 1, 2018.** Forms should be completed, signed, and delivered to the Health Professions Advising Office, GMCS 323. **Note: If you are re-applying for admission, complete the Intent to Re-apply Form.**

Name		Red ID
Last	First	
Email	Phon	e
Applying to (check only one):		
Dentistry (DDS/DMD)	Medicine (MD/PhD)	Veterinary Medicine (DVM)
Medicine (MD)	Optometry (OD)	Other:
Medicine (DO)	Pharmacy (PharmD)	
Medicine (MD & DO)	Physician Assistant	
Graduation Term/Year	Major	Minor
DAT Date(s)	GRE Date(s)	MCAT Date(s)
OAT Date(s)	PCAT Date(s)	
Application Review Process in: Autobiographical Qua Resume/CV	structions on how to properly submestions If meet required minimum GPAs (cur	
	cted at least three (3) letter writers	
	that you have read and unders deadlines for the Application Re	tood the Application Review information, and the eview Process.
Signature		Date
######	######################################	Jse ####################################
(See Application Review Proce	ess requirements (due March 5, 2 ess instructions on how to properly ess) (for AMCAS – also 3 most meaning	submit these.)
Career Services moc	k interview (<i>optional</i>)	
LOR form (names ar	nd contact info for letter writers)	