

SDSU Health Professions Advising Office  
**Intent to Re-Apply - Application Year 2019-2020**  
Application Review Process

Submitting this form indicates your intention to **re-apply** for 2020 admission. You may only update your application for the year following your initial application. **Please submit a completed and signed form by 5 PM, Friday, February 1, 2019 in person** to HPAO, GMCS 323.

Name \_\_\_\_\_ Red ID \_\_\_\_\_  
Last First

Email \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Submitted and completed application process (AMCAS, AACOMAS, AACPMAS, AADSAS, CASPAS, OptomCAS, PHARMCAS, VMCAS, etc.)

\_\_\_\_\_ Submitted and withdrew application

\_\_\_\_\_ Did not submit application Reason for not submitting: \_\_\_\_\_

Re-applying to (check only one):

\_\_\_\_\_ Dentistry (DDS/DMD) \_\_\_\_\_ Medicine (MD/PhD) \_\_\_\_\_ Veterinary Medicine (DVM)

\_\_\_\_\_ Medicine (MD) \_\_\_\_\_ Optometry (OD)

\_\_\_\_\_ Medicine (DO) \_\_\_\_\_ Pharmacy (PharmD)

\_\_\_\_\_ Medicine (MD & DO) \_\_\_\_\_ Physician Assistant

Is this the same as last application cycle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Graduation Term/Year \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

DAT Date(s) \_\_\_\_\_ GRE Date(s) \_\_\_\_\_ MCAT Date(s) \_\_\_\_\_

OAT Date(s) \_\_\_\_\_ PCAT Date(s) \_\_\_\_\_

**Check completed and submitted Application Review Process requirements all due February 1, 2019:**

\_\_\_\_\_ Autobiographical Questions updated to include activities, experiences, additional coursework over the last year

\_\_\_\_\_ Resume/CV (updated)

\_\_\_\_\_ GPA calculations, if additional coursework has been completed

\_\_\_\_\_ Most recent admission test score

***Your signature indicates you have read and understand the Application Review Process requirements and have noted the deadlines for the Application Review Process.***

\_\_\_\_\_  
Signature Date

##### For Office Use #####

**Application Review Process re-applicant requirements all due March 5, 2019:**

(See Application Review Process instructions on how to submit these.)

\_\_\_\_\_ Personal Statement(s) (for AMCAS – also 3 most meaningful activities)

\_\_\_\_\_ Additional letter of evaluation/recommendation

\_\_\_\_\_ LOR form (names and contact info for letter writers)