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

Submitting this form indicates your intention to apply for 2020 admission. You may only go through the Application Review for the year you are applying for admission. Please submit this form completed and signed in person by 4pm, Friday, February 1, 2019 to HPAO (GMCS 323). *Note: If you are re-applying for admission, complete the Intent to Re-apply Form.*

Name	Red ID		
Last	First		
Email	Phc	one	
Applying to (<u>check only one</u>):			
Dentistry (DDS/DMD)	Medicine (MD/PhD)	Veterinary Medici	ne (DVM)
Medicine (MD)	Optometry (OD)		
Medicine (DO)	Pharmacy (PharmD)		
Medicine (MD & DO)	Physician Assistant		
Graduation Term/Year	Мајо	r	Minor
DAT Date(s)	GRE Date(s)	MCAT Date(s)	
OAT Date(s)	PCAT Date(s)		
October 2018 Date attended required The following must be rece	plicant meeting in Fall 2018 or Sp November 2018 d HPAO Personal Statement Writi ived by 4 PM on Friday, Febru	December 2018	January 2019
Autobiographical Que	stions		
GPA Appeal (<i>if applic</i>)	able)		
Your signature indicates yo all deadlines for the Applica		the Application Reviev	v information and have noted
Signature		Date	
########	############################### For Office	Use ####################################	****
(See Application Review Proces Personal Statement(s	s requirements (due March 5, ss instructions on how to properly (for AMCAS – also 3 most mean interview (antiana)	y submit these.)	
Career Services mock	. Interview (<i>optional</i>)		

Letters of Recommendation form (names and contact info	for letter writers)
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GPA calculations (must meet required minimum GPAs: cumulative and science)