## 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

Name					Red ID
<u> </u>	Last	First			
Email _			Phone	e	
PHARM	_ Submitted and comple CAS, VMCAS, etc.)	ted application process	(AMCAS	, AACOMAS,	AACPMAS, AADSAS, CASPAS, OptomCAS,
	_Submitted and withdre	w application			
Re-appl	Did not submit application Reason for not submitting:				
[	Dentistry (DDS/DMD)	Medicine (MD/Ph	iD) _	Veterin	ary Medicine (DVM)
N	Medicine (MD)	Optometry (OD)			
	Medicine (DO)	Pharmacy (Pharn	nD)		
	Medicine (MD & DO)	Physician Assista	nt		
Is this t	he same as last applicati	on cycle? Yes		No	
Graduat	tion Term/Year		Major		Minor
DAT Da	ite(s)	_ GRE Date(s)		MCAT Date(s	5)
OAT Da	ate(s)	PCAT Date(s)			
Check	completed and submi	tted Application Revie	ew Proce	ess requirem	ents all due February 1, 2019:
	_ Autobiographical Ques	tions updated to include	activities	, experiences,	additional coursework over the last year
	_ Resume/CV (updated)				
	_ GPA calculations, if ad	ditional coursework has l	been com	pleted	
	_ Most recent admission	test score			
	ignature indicates yo noted the deadlines fo				ion Review Process requirements and
	Signature				Date
	#########	######################################	or Office U	se ##########	*****
	ation Review Process oplication Review Process				5, 2019:
	_ Personal Statement(s)	(for AMCAS – also 3 mo	st meanir	igful activities	)
	_ Additional letter of eva	luation/recommendation	1		
	Letters of Recommend	ation form (names and o	contact in	fo for letter w	riters)