## SDSU Health Professions Advising Office

## **Intent to Apply - Application Year 2020- 2021**

**Application Review Process** 

Submitting this form indicates your intention to apply for 2021 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, Monday, March 2, 2020 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	Phone	
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	
Graduation Term/Year	Major	Minor
DAT Date(s)	GRE Date(s)	MCAT Date(s)
OAT Date(s)	PCAT Date(s)	_
January 30, 2	red applicant meeting in Spring 20 2020 February 7, 2020 ed HPAO Personal Statement Writin	
The following must be rece Autobiographical Que	eived by 4 PM on Monday, Marestions	ch 9, 2020.
Resume/CV Unofficial Transcripts		
GPA Appeal (if applic	rable)	
Your signature indicates ye all deadlines for the Applic		the Application Review information and have noted
Signature		Date
#######	######################################	Jse ####################################
(See Application Review Proce	s requirements (due April 6, 20 ss instructions on how to properly s) (for AMCAS – also 3 most mean	submit these.)
Letters of Recommer	ndation form (names and contact i	nfo for letter writers)
GPA calculations (mu	st meet required minimum GPAs:	cumulative <u>and</u> science)
Career Services mock	c interview ( <i>optional</i> )	