## SDSU Health Professions Advising Office

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

**Application Review Process** 

Submitting this form indicates your intention to **re-apply** for 2021 admission. You may only update your application for the year following your initial application. **Please submit a completed and signed form by 4 PM, Monday, March 2, 2020 in person** to HPAO, GMCS 323.

Name				Red ID	
	Last	First			
Email			Phone		
PHARN	Submitted and completed MCAS, VMCAS, etc.)	application process	(AMCAS, AACOM	AS, AACPMAS, AADSAS, CAS	PAS, OptomCAS,
	Submitted and withdrew a	pplication			
	Did not submit application plying to ( <u>check only one</u> ): Dentistry (DDS/DMD)		_	erinary Medicine (DVM)	
		Optometry (OD)			
	Medicine (DO)	Pharmacy (Pharm	nD)		
	Medicine (MD & DO)	Physician Assistar	nt		
Is this	the same as last application	cycle? Yes	No		
Gradua	ation Term/Year		Major	Minor	
Admiss	sion Test Date or Score				
	<b>Date</b> attended required a January 30, 2020_	pplicant meeting in Sp			
	_ <b>Date</b> attended required HP	AO Personal Stateme	nt Writing Worksho	pp:	
Check	k completed and submitte	d Application Revie	ew Process requi	rements all due March 9, 2	020:
	Autobiographical Questions updated to include activities, experiences, additional coursework over the last year				
	Resume/CV (updated)				
	Most recent admission tes	t score			
	signature indicates you h noted the deadlines for th			ication Review Process rec	quirements and
	Signature			Date	
	###########	######################################	or Office Use ######	*******	
	cation Review Process re- Application Review Process ins			l 6, 2020:	
	<ul><li>Personal Statement(s) (fo</li><li>Letters of Recommendation</li><li>GPA calculations, if addition</li></ul>	on form (names and c	contact info for lette		