

# COLUMBIA | POSTBAC PREMED

## School of General Studies

### A P P L I C A T I O N F O R A D M I S S I O N

The Columbia University Postbaccalaureate Premedical Program is the oldest and largest program of its kind in the United States. Some 400 men and women are currently enrolled. The size of the program is a particular advantage: it supports a full range of course offerings in both day and evening sections, allowing students the flexibility to begin the program part time or to schedule medically related work or volunteer activities around their classes. Regardless of when courses are offered, all are taught by regular members of

Columbia's world-renowned faculty. Even more important, the program's size makes for a supportive and dynamic community in which to study. The spirit is collaborative and collegial, and an active student association organizes social events and programs to complement academic advising and support. Combined with the wealth of clinical and research opportunities available in New York, the experience of Columbia "postbacs" is one of unparalleled academic and extra-curricular richness.

The curriculum is designed to meet the needs of college graduates who have decided to pursue a medical education but who have taken none or only some of the basic science courses required for admission to medical school. In addition to students preparing for medical school, the program also accepts those interested in veterinary medicine, dental medicine, physical therapy, occupational therapy, osteopathic medicine, and physician assistant programs.

# APPLICATION INSTRUCTIONS

To be eligible for admission to the Postbaccalaureate Premedical Program, students must hold the degree of Bachelor of Arts or Bachelor of Science from an accredited college or university in the United States. Applicants with foreign credentials equivalent to a bachelor's degree from an American college or university may be admitted to the Postbaccalaureate Premedical Program. U.S. medical schools, however, prefer applicants who received their undergraduate training, especially in the premedical sciences, from institutions of higher education in the United States. In some cases it may be necessary for international students to complete a bachelor's degree in the United States before applying to medical school. All international students should be aware that they may need to repeat previous work in the sciences and that they must ordinarily complete at least one year of college English at Columbia.

Applicants who are not native speakers of English must also take the English Certification Examination, administered by the University's American Language Program, and some students may be required to complete coursework in English before being allowed to begin the premedical curriculum.

In making its decisions, the Admissions Committee considers the rigor and quality of the undergraduate curriculum a student has pursued and looks for evidence that a student has developed the academic abilities to meet the demands of the program. At a minimum, successful applicants to the Postbaccalaureate Premedical Program must possess an overall cumulative GPA of 3.0.

Ordinarily, students are not eligible for admission if they have completed most or all of the required premedical courses or applied to medical school within the past two years, or if they have taken the MCAT.

While no specific coursework is required for admission to the program, academic performance is expected to be outstanding. All applicants should be prepared to carry substantial course loads and plan to maintain GPAs of 3.0 or higher to remain in good academic standing. Successful medical and veterinary school applicants have GPAs of 3.4 or higher.

The following items are required to complete an application for admission to the Postbaccalaureate Premedical Program:

1. A completed application, using either of two methods
  - submitting an online application by visiting [www.gs.columbia.edu/postbac](http://www.gs.columbia.edu/postbac).
  - submitting this paper application.
2. A nonrefundable application fee of \$65 in the form of a check or money order, payable to Columbia University.
3. An official\* copy of the high school transcript.
4. An official\* copy of the college transcript, showing the award of the bachelor's degree.
5. Official\* transcripts of work at all other colleges, professional schools, or universities attended, whether before earning the bachelor's degree or subsequently. ETS codes can be found on the Educational Testing Service Web site, [www.ets.org](http://www.ets.org).
6. Official\* scores from any standard admission tests taken, such as the TOEFL, SAT, ACT, GRE, GMAT, or LSAT. Please note that you cannot send official score reports for graduate exams (LSAT, GRE, MCAT, GMAT) to the School of General Studies. As a result, please request official score reports for any graduate exams be sent directly to you and then submit them in the sealed envelope to the Office of Admissions. SAT or ACT scores should be sent directly to the School of General Studies (ETS code 2095, ACT code 2716).
7. A type-written, double-spaced essay of approximately 500 words.
8. Letters of recommendation, while not required, may be submitted with your application for admission.

\*Official documents are those that arrive in a sealed envelope directly from the institution or testing service.

Please mail completed application to:

Office of Admissions—Attn: Postbac Premed  
School of General Studies  
Columbia University  
408 Lewisohn Hall, MC 4101  
2970 Broadway  
New York, NY 10027

## Application Deadlines

Applications must be postmarked no later than the following deadlines:

For fall term: June 15

For spring term: November 1

For summer term: April 1

## Important Contact Information

School of General Studies—Office of Admissions  
212-854-2772  
[www.gs.columbia.edu/postbac](http://www.gs.columbia.edu/postbac)

## Educational Testing Service (SAT)

609-921-9000  
[www.ets.org](http://www.ets.org)

## American College Testing Program (ACT)

319-337-1270  
[www.act.org](http://www.act.org)

COLUMBIA UNIVERSITY SCHOOL OF GENERAL STUDIES  
 POSTBACCALAUREATE PREMEDICAL PROGRAM  
 APPLICATION FOR ADMISSION

**Send application, official transcripts and fee to:**

Office of Admissions—Attn: Postbac  
 School of General Studies  
 Columbia University  
 408 Lewisohn Hall, MC 4101  
 2970 Broadway  
 New York, NY 10027

- Premedical**
  - Pre-dental**
  - Pre-veterinary**
  - Pre-osteopathic**
  - Fall Year \_\_\_\_\_ (admission deadline June 15)
  - Spring Year \_\_\_\_\_ (admission deadline November 1)
  - Summer Year \_\_\_\_\_ (admission deadline April 1)
- Pre-health (specify field)**
  - occupational therapy
  - physical therapy
  - physician assistant

**Name**

LAST	FIRST	MIDDLE
ALL PREVIOUS SURNAMES	SOCIAL SECURITY NUMBER	<input type="checkbox"/> M <input type="checkbox"/> F

**Present Address**

STREET	APT.	TELEPHONE	DAY	EVENING
CITY	STATE	ZIP CODE		
E-MAIL				

DATE OF BIRTH	PLACE OF BIRTH	CITIZENSHIP	TYPE OF VISA
			<input type="checkbox"/> HELD <input type="checkbox"/> APPLIED FOR

**Marital Status:**  Single  Married  Divorced/Legally Separated  Widowed  Other \_\_\_\_\_

**Is English your first language?**  Yes  No **If no, what is your primary language?** \_\_\_\_\_

**Previous Education** (List every school attended; attach extra sheet if necessary.)

HIGH SCHOOL (NAME)	SCHOOL CODE*	CITY, STATE	DATES ATTENDED	DATE TRANSCRIPT ORDERED		
COLLEGE (NAME)	SCHOOL CODE*	CITY, STATE	DATES ATTENDED	DEGREE	MAJOR	DATE TRANSCRIPT ORDERED
COLLEGE (NAME)	SCHOOL CODE*	CITY, STATE	DATES ATTENDED	DEGREE	MAJOR	DATE TRANSCRIPT ORDERED
COLLEGE (NAME)	SCHOOL CODE*	CITY, STATE	DATES ATTENDED	DEGREE	MAJOR	DATE TRANSCRIPT ORDERED
GRADUATE SCHOOL (NAME)	SCHOOL CODE*	CITY, STATE	DATES ATTENDED	DEGREE		DATE TRANSCRIPT ORDERED
GRADUATE SCHOOL (NAME)	SCHOOL CODE*	CITY, STATE	DATES ATTENDED	DEGREE		DATE TRANSCRIPT ORDERED

\*see item 5 under Application Instructions regarding school codes

**Standardized Test Scores**

SAT EXAMINATION SCORES	TEST DATE		
VERBAL/READING	MATH	WRITING (IF APPLICABLE)	
ACT EXAMINATION SCORES	TEST DATE	HIGHEST COMPOSITE SCORE	
LSAT EXAMINATION SCORES	TEST DATE	HIGHEST SCORE	
MCAT EXAMINATION SCORES	TEST DATE		
PHYSICAL SCIENCES	VERBAL REASONING	BIOLOGICAL SCIENCES	WRITING SAMPLE

**Standardized Test Scores** continued

GRE EXAMINATION SCORES		TEST DATE	HIGHEST SCORE
VERBAL	QUANTITATIVE	ANALYTICAL/WRITING	
GMAT EXAMINATION SCORES		TEST DATE	HIGHEST SCORE
VERBAL	QUANTITATIVE	ANALYTICAL/WRITING	
TOEFL EXAMINATION SCORES		TEST DATE	HIGHEST SCORE

**Please list all college-level science courses you have taken or are currently enrolled in.** (Please attach extra sheet, if necessary.)

COLLEGE	COURSE TITLE	GRADE	DATES ATTENDED
COLLEGE	COURSE TITLE	GRADE	DATES ATTENDED
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COLLEGE	COURSE TITLE	GRADE	DATES ATTENDED
COLLEGE	COURSE TITLE	GRADE	DATES ATTENDED
COLLEGE	COURSE TITLE	GRADE	DATES ATTENDED
COLLEGE	COURSE TITLE	GRADE	DATES ATTENDED

**Work Experience** (You may also submit your résumé or C.V. with your application.)

EMPLOYER NAME	POSITION HELD	DATES
EMPLOYER NAME	POSITION HELD	DATES
EMPLOYER NAME	POSITION HELD	DATES

**Institutional Action**

Have you ever been subject to disciplinary action for academic performance or conduct at any of your previous institutions?  Yes  No  
 (If yes, please attach an explanatory note.)

Have you previously applied to the Postbaccalaureate Premedical Program?  Yes  No

Have you ever applied to a U.S. medical school?  Yes  No If yes, when? \_\_\_\_\_

**For Our Records**

Did you attend a Postbaccalaureate Information Session before deciding to apply to GS?  Yes  No If yes, approximate date? \_\_\_\_\_

Have you conferred with any Columbia representative about the admissions process (e.g., admissions officer, coach, alumni, faculty)?

Yes  No If yes, with whom? \_\_\_\_\_

How did you hear about the Postbaccalaureate Premedical Program? (Please be specific.)

- AAMC website \_\_\_\_\_
- Columbia Alumnus/Alumna \_\_\_\_\_
- College fair \_\_\_\_\_
- Advertisement \_\_\_\_\_
- Current Student \_\_\_\_\_
- Internet search/ website \_\_\_\_\_
- College guide book/website \_\_\_\_\_
- Other \_\_\_\_\_

To what other programs are you applying? (Your answer will in no way influence the admissions decision.)

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**Ethnicity/Race Information**

The information below is optional. Please respond to the following questions for governmental recordkeeping and reporting requirements.

Are you Hispanic or Latino?  Yes  No

What is your race? (Select one or more of the following five categories.)

- American Indian or Alaskan Native       Black or African American       White  
 Asian       Native Hawaiian or Other Pacific Islander

**ADDITIONAL OPTIONAL INFORMATION**

Columbia attempts to draw students from diverse ethnic and racial backgrounds. This section will allow you to tell us a bit more about your background as identified above.

Please further self-identify yourself as a member of one or more of the following groups and add more specific information where relevant (such as tribal affiliation or country of origin).

- African American/Black       Caucasian/White       Hispanic/Latino       South Asian  
 Alaska Native       Chicano/Mexican American       Middle Eastern       Southeast Asian  
 Asian/Asian American       Dominican       Pacific Islander       Other  
 Biracial/Multiracial       Hawaiian Native       Puerto Rican       Native American/American Indian

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**TRIBAL AFFILIATION**

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**ENROLLMENT NUMBER**

**Family** (If these lines do not permit you to present your complete family circumstances, please do so on a separate piece of paper.)

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**WITH WHOM DO YOU RESIDE (PARENT OR INDEPENDENT)?**

FATHER'S FULL NAME		PLACE OF BIRTH (CITY, STATE OR COUNTRY)	AGE
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
U.S. CITIZEN?	LIVING	OCCUPATION/CURRENT EMPLOYER	TITLE
COLLEGE OR UNIVERSITY ATTENDED	DEGREE	YEAR OF GRADUATION	
PROFESSIONAL OR GRADUATE SCHOOL ATTENDED	DEGREE	YEAR OF GRADUATION	
MOTHER'S FULL NAME		PLACE OF BIRTH (CITY, STATE OR COUNTRY)	AGE
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
U.S. CITIZEN?	LIVING	OCCUPATION/CURRENT EMPLOYER	TITLE
COLLEGE OR UNIVERSITY ATTENDED	DEGREE	YEAR OF GRADUATION	
PROFESSIONAL OR GRADUATE SCHOOL ATTENDED	DEGREE	YEAR OF GRADUATION	

<b>SPOUSE'S /SIGNIFICANT OTHER'S FULL NAME</b>		PLACE OF BIRTH (CITY, STATE OR COUNTRY)	AGE
U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	LIVING <input type="checkbox"/> Yes <input type="checkbox"/> No	OCCUPATION/CURRENT EMPLOYER	TITLE
COLLEGE OR UNIVERSITY ATTENDED		DEGREE	YEAR OF GRADUATION
PROFESSIONAL OR GRADUATE SCHOOL ATTENDED		DEGREE	YEAR OF GRADUATION

<b>DEPENDENT'S FULL NAME</b>	AGE	RELATION
<b>DEPENDENT'S FULL NAME</b>	AGE	RELATION

**Do you or does a member of your immediate family work for Columbia University or its affiliates?**  Yes  No

<b>FULL NAME</b>	RELATIONSHIP	DIVISION	POSITION/TITLE
<b>FULL NAME</b>	RELATIONSHIP	DIVISION	POSITION/TITLE
<b>FULL NAME</b>	RELATIONSHIP	DIVISION	POSITION/TITLE

**Please list family members who have graduated from or are attending Columbia University** (Add extra sheet if necessary.)

<b>FULL NAME</b>	RELATIONSHIP	DIVISION	DEGREE	YEAR
<b>FULL NAME</b>	RELATIONSHIP	DIVISION	DEGREE	YEAR
<b>FULL NAME</b>	RELATIONSHIP	DIVISION	DEGREE	YEAR

**Emergency Contact Information**

<b>FULL NAME</b>	RELATIONSHIP	TELEPHONE
<b>ADDRESS</b>	CITY	STATE ZIP CODE

**Essay**

On a separate page, please submit an essay of approximately 500 words discussing your decision to pursue a career in medicine or an allied health profession. A successful essay will not only describe the factors that contributed to your decision, but will give us a sense of you as an individual by discussing why you want to pursue this career and how you feel you will contribute to the profession.

I certify that all the information in this application is complete and accurate.

SIGNATURE	DATE
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408 LEWISOHN HALL 2970 BROADWAY NEW YORK, NY 10027 212.854.2772

To be completed by applicant before giving to recommender. Give one of these forms to each of the two recommenders you select. Ask the evaluator to write a letter and attach it to this form. Instruct the evaluator to enclose the letter in an envelope, sign it across the seal, and return it to you. Do not open this envelope or break the seal. Submit the sealed envelope containing your letters to the Office of Admissions and Financial Aid.

APPLICANT'S LAST (FAMILY) NAME

FIRST NAME

MIDDLE NAME

SOCIAL SECURITY NUMBER

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), which gives registered students the right to inspect and review their educational records, students may waive the right to see specific confidential statements and letters of recommendation. In the belief that applicants, and the persons from whom they request recommendations, may wish to preserve the confidentiality of those recommendations, we are giving you an opportunity to sign one of the following statements:

**I waive the right to examine this letter**

**I do not waive the right to examine this letter**

SIGNATURE

DATE

SIGNATURE

DATE

## LETTER OF RECOMMENDATION

### TO BE COMPLETED BY THE ACADEMIC/PROFESSIONAL EVALUATOR

1. How long have you known the applicant?

\_\_\_\_\_

2. In what capacity do you know the applicant?

- Student       Academic adviser       Employee  
 Intern       Friend       Other

3. How do you rank this student in comparison with the students you have taught or worked with?

- Extraordinary (One of the best I have worked with)  
 Exceptional (Top 5%)  
 Outstanding (Top 10%)  
 Superior (Top 15%)  
 Above Average (Top 25%)  
 Average (Top 50%)  
 Below Average (Lower 50% but recommended)

4. On a separate sheet or letterhead please provide an evaluation of this applicant's qualifications for graduate work in a rigorous academic program. Please compare the applicant with others known to you. This evaluation is to be mailed to the address above, or given to the applicant in a sealed envelope; the letter will be submitted unopened by the applicant with his or her application. **Deadline for receipt of letters is March 1 for Early Action Fall applicants, June 1 for Regular Decision Fall applicants, and October 15 for Spring Applicants. Thank you.**

NAME OF THE EVALUATOR

TITLE OF THE EVALUATOR

INSTITUTIONAL AFFILIATION

SIGNATURE

