

Introduction

Health Professions Advising Online Applicant Information Form

Please complete this online applicant information form thoughtfully and thoroughly. As you go through these questions, keep in mind that your answers will be used to help form your committee letter of support, so the more completely you answer the questions, the better your letter can be.

Please also note that you cannot save your work at any time during this application; therefore, applications should be completed in one sitting.

If you have any questions, please contact [Seth Ramus](mailto:sramus@bowdoin.edu) (sramus@bowdoin.edu).

Part A - Applicant Information

Below, please enter your personal information.

First Name	<input type="text"/>
Middle Name	<input type="text"/>
Last Name	<input type="text"/>
Nickname	<input type="text"/>
Student ID	<input type="text"/>
Class Year	<input type="text"/>
Graduation Year	<input type="text"/>
Major	<input type="text"/>
Minor	<input type="text"/>
Bowdoin E-mail (include @bowdoin.edu) *	<input type="text"/>
Permanent E-Mail (Please provide a non-Bowdoin e-mail address) **	<input type="text"/>
Home Address	<input type="text"/>
Apt/Suite	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
High School Attended	<input type="text"/>
High School City, State	<input type="text"/>
Primary Phone	<input type="text"/>
Alternate Phone	<input type="text"/>

* Please note that if you have graduated, you should leave this blank.

** Please note that if you do not yet have a non-Bowdoin e-mail address, you need to procure one prior to your application to graduate school. Your @bowdoin.edu e-mail address will expire shortly after your graduation, and you will need to have a reliable e-mail address to provide on your application(s).

Personal

Tell us about your application plans.

Type of healthcare program to which you intend to apply

Anticipated Matriculation Date (Month and year)

Qualifying Exam Date (Month and year)

Are you a United States citizen or permanent resident?

Yes

No

Please make a point of discussing your citizenship status with [Prof. Ramus](#).

In a couple of paragraphs, tell us about yourself. What do you want us to know about you and your background? This might include the education level and occupation of your parents or guardians, sibling information, and any defining circumstances or challenges faced growing up.

Experience

College Academics: Explain reasons for choosing your major(s), academic load, reference to grade trend, bad semester (if applicable), independent work, detailed explanation of any time off before or during college, awards/fellowships received for academic achievement.

Research Experience: Provide a general summary of your research experience (basic science, clinical, and/or non-science). Include your level of engagement and what you learned. Your description should read in a way

laypeople can understand. List awards/fellowships received for research.

Medically-Related Experience: List examples of direct patient clinical exposure to medicine or healthcare, including time spent shadowing and volunteering; highlight your role and what you learned from the experience.

Community and Public Service: Describe your engagement and ways you have been of service to others in the community, both at Bowdoin and elsewhere during college. Provide a brief explanation of activity and what you learned from it.

Additional Extracurricular Activities: List and describe activities you are engaged with on or off campus – including, but not limited to, organized sports, music groups, student government, paid employment, summer experiences, etc.

Please upload your current resume.

Have you had any work experience not listed on your resume of which we should be aware?

Application Questions

We know that everyone's plans have been disrupted and lives have been changed by the current COVID-19 pandemic. We want to provide space for you to help us understand the pandemic's effects on your life generally and as it pertains to your professional school preparation and plans. We plan to work with each of you to include information about your situation into your committee letter, if applicable. Please take a moment to complete the following short answers.

Personal:

How did COVID-19 impact you this past year? What changed, for better or worse?

Academic:

Please answer if applicable. How did your interactions with professors, peers, and academic support resources change this past fall? How did your living environment affect your ability to continue your studies?

Professional:

What opportunities, if any, did you have to discontinue this past fall? What intended plans were affected last summer? Have you begun any new activities (volunteering, remote work, etc.)?

Resiliency:

What has this taught you about your own resilience and coping skills? What are you doing to reduce stress and manage anxiety?

Why do you wish to pursue a career in the health professions? We encourage you to think deeply about this question. Try to expand your answer beyond "I like science and want to help people."

What factors (people, experiences) have influenced your choice of career?

Choose three experiences (research, service, etc.) that have been most meaningful to you and tell us why.

What would you describe as your most important non-academic strength? What do you consider your needed area(s) of improvement?

Think about a time you experienced a setback or failure. What was that like? How did you navigate the challenge?

How do you feel you have changed/grown since entering college?

Optional: Is there anything else graduate schools should know that will help them to evaluate your application? This might include something special about you, a difficult circumstance you have overcome, the reasons behind a weak semester, withdrawal from a course or absence from the college, a special experience, or a disadvantaged circumstance in your background. If you are unsure whether you should share, please feel free to contact the health professions advisor to discuss the issue confidentially.

The next section will ask you if you ever been subjected to disciplinary action by the college, or if you have been accused or convicted of any crimes. Please keep in mind that failure to fully disclose on an application can result in the withdrawal of an acceptance, or even dismissal from a professional school. Even if a conviction has been 'expunged,' it may show up on a background check, or court records may show up on a simple internet search. It is generally better to be up front and to explain the circumstances than to be perceived as being evasive. If the answer is 'yes,' please [contact the health professions advisor](#) to discuss the issue confidentially.

Have you ever been subject to disciplinary action by the College?

- Yes
 No

If you would like to provide details, please do so below.

Have you ever been accused or convicted of a crime?

- Yes
 No

If you would like to provide details, please do so below.

Please identify the individuals that you are considering asking to write letters of recommendation on your behalf. We suggest that you request 5-6 letters of recommendation. At minimum, three should come from faculty, with at least two in the sciences. Please notify the Health Professions Advisor of any changes in the following list. Remember that it will be your responsibility to see that your references are submitted on time.

Recommender 1

Name

Affiliation

Recommender 2

Name

Affiliation

Recommender 3

Name

Affiliation

Recommender 4

Name

Affiliation

Recommender 5

Name

Affiliation

Recommender 6

Name

Affiliation

Recommender 7

Name

Affiliation

Courses

NOTE: This is the last page you will be submitting. Once you submit this page, your application will be complete.

Please list all courses taken outside of Bowdoin.

If applicable, please upload a copy of your transcript(s) from any institution(s) you have attended other than Bowdoin. (Please combine multiple transcripts into one .pdf.)*

* You will need a copy of all transcripts in order to complete your professional application.

To submit your application, please click the forward button. Once you hit forward, your application will be sent to Gina Pappas (gpappas@bowdoin.edu) and you will receive an email confirmation.

I understand that by clicking the forward button below, my application will be sent to Gina Pappas.