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# **HAMPTON UNIVERSITY**

## **UNDERGRADUATE PRE-HEALTH & PRE-MEDICAL PROGRAM APPLICATION**

1. NAME \_\_\_\_\_ Student ID#: \_\_\_\_\_  
*LAST FIRST MIDDLE*

2. COLLEGE ADDRESS \_\_\_\_\_ PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. LOCAL PHONE # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_ MOBILE # \_\_\_\_\_

4. E-MAIL ADDRESS \_\_\_\_\_

5. HIGH SCHOOL ATTENDED \_\_\_\_\_

CITY/STATE \_\_\_\_\_

YEAR GRADUATED \_\_\_\_\_

6. SAT SCORES: VERBAL \_\_\_\_\_ MATH \_\_\_\_\_ WRITING \_\_\_\_\_ (attach student score report)

ACT SCORE \_\_\_\_\_ (attach student score report)

7. PARENTS/LEGAL GUARDIAN	LIVING (Y/N)	EDUCATION LEVEL	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____

8. HONORS RECEIVED WHILE IN HIGH SCHOOL/COLLEGE (attach separate page if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. EXTRACURRICULAR, COMMUNITY AND/OR VOCATIONAL ACTIVITIES WHILE IN HIGH SCHOOL/COLLEGE  
(attach separate page if necessary)

\_\_\_\_\_

\_\_\_\_\_

10. EMPLOYMENT DURING HIGH SCHOOL/COLLEGE (Including Summers) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. DESCRIBE YOUR EXPOSURE TO MEDICINE:**

**13. DESCRIBE YOUR REASONS AND GOALS FOR PURSUING A CAREER IN MEDICINE:**

***NOTE: Letters of recommendation on your behalf must be submitted from two faculty members (1 science/1 non science). Return application materials ASAP to: Mr. Michael D. Druit, Pre-Health Coordinator, Dean's Office, 110 Turner Hall Application to this program requires submission of unofficial transcripts and scholastic aptitude test scores. Due date is prior to April 1st.***

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Before returning your completed application, make sure you have:**

- signed it
- attached a photograph (name printed on back)
- submitted recommendation letters, transcripts, SAT/ACT scores, and
- completed the full application in typed (professional) format