

Student Information

General Information	
Name:	
Student ID Number:	
Professional School:	<input type="text"/>
Telephone:	
Additional Contact Telephone Number (digits only):	<input type="text"/>
Campus Email:	
Current Email:	<input type="text"/>
Permanent Address:	
Address Line 1:	<input type="text"/>
Current Address:	Address Line 2: <input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
ZIP:	<input type="text"/>

Note: This page becomes read-only once an evaluator has been approved to review your application. You may come back and make changes until then.

[Return to Application Status](#) or

Progress: Step 3 of 5

Student Profile

Your evaluators have been submitted for approval.

All fields are required unless otherwise stated.

Higher Education

East Tennessee State University

Degree:	Graduation Date:
Degree Level:	Degree Status:
Institutional Honors:	Departmental Honors:
Major(s):	Minor(s):
Transfer Hours:	Transfer GPA:
Inst. Earned Hours:	Inst. Attempted Hours:
Institution GPA:	Overall GPA:

[I would like to add a degree.](#)

High School Information

City, State: Graduation Date: GPA:

Test Scores

Description	Score	Date
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Previous Evaluations

Is this your second Evaluation? Yes No

MPA Advisement

When is your last meeting with Medical Professions Advisement (MPA) counselor?

Who is your MPA counselor?

Are you a Pre-Health Living Learning Community (PHLLC) student? Yes No

Professional School Experience and Certificates

Do you have other licensure, certifications or professional school training? Yes No

Judicial Information

While you are enrolled at ETSU:

Have you violated any student conduct policies? Yes No

Have you violated any state or federal laws? Yes No

Professional Schools (Optional)

Pre-medical students, please indicate to what kind of medical school (allopathic, osteopathic or both) your composite letter of evaluation should be submitted. No school names are required at this point. Student may not request multiple evaluations for different disciplines (for example, dental and pharmacy) during same evaluation cycle.

Allopathic medicine Osteopathic medicine

Shadowing Experience

A summary and number of hours of each shadowing experience in chosen field of study (i.e., Medical, Pharmacy, Dental, Veterinary, etc.) are required. Please list them in chronological order: **beginning with most recent.**

[Add new row](#)

Summary

Hours

Volunteer Experience

A summary and number of hours of each volunteer experience are required. Please list them in chronological order: **beginning with most recent.**

[Add new row](#)

Summary

Hours

Research Experience (Optional)

As you are listing your research in chronological order: beginning with most recent, please indicate if your research experience is paid, volunteer, special program, or degree related.

Work Experience (Optional)

Please list your work experience in chronological order: beginning with most recent.

Extracurricular and Leadership Activities (Optional)

Please list extracurricular and leadership activities in chronological order: **beginning with most recent.**

Travel Abroad (Optional)

Please list the dates, location(s), and purpose of trip. Summarize your experiences: What did you learn, how did the experience impact you, etc.

Academic Honors and Awards (Optional)

University Athletics (does not include intramural athletics) - Optional

Non-Academic Honors and Awards (Optional)

Resume

Please attach a resume below:

 No file chosen

Non-ETSU Transcripts

You may attach your transcripts from any previous universities below. Transcripts from previous universities are required for post-baccalaureate students.

 No file chosen 

[Add Additional Document](#)

Note: Attaching a new document and submitting this form will add the document to the list below.

Personal Essay

Personal Essay (Required - no more than 2 pages, typed, double-spaced, 12- font): Your personal essay should address why you are pursuing a career in Medical, Dental, Physician Assistant, Optometry, Veterinary, etc.

 No file chosen

BCPM Worksheet

BCPM GPA Calculation Spreadsheet (Required)

Download and complete the example BCPM GPA Calculation Spreadsheet from the following link: [Download Example Spreadsheet](#). Once completed, save and attach the document below.

No file chosen

Profile Picture

Note: Attaching a new picture and submitting this form will replace the existing picture above.

For best results, use a portrait-oriented headshot photo, dressed and posed professionally, with balanced light on your face. [See example](#)

No file chosen