



PHPB ReStart Application

ABOUT YOU

Area of Study: Pre-Dental Pre-Medical Other

If Other, please indicate:

Year of Entry:

First Name:

Middle Name:

Last Name:

Suffix:

Other names used:

Sex:

Date of Birth:

City of Birth:

State of Birth:

Country of Birth:

Primary Citizenship:

Do you have dual citizenship: Yes No

Are you a permanent US resident Yes No

CONTACT INFO

Mailing Address

Street:

City:

State:

Country:

Zip:

Permanent Address (if different from Mailing Address)

Street:

City:

State:

Country:

Zip:

Email address:

Home Phone:

Mobile Phone:

Work Phone:

EVALUATORS (Two evaluations are required)

Evaluators will be asked to complete an evaluation form via email. They do not need to write or send a letter of evaluation.

Evaluators may be any non-family member who knows you in an academic or professional capacity.

Evaluator #1

Name:

Street:

City:

State:

Zip:

Phone:

Email:

Evaluator #2

Name:

Street:

City:

State:

Zip:

Phone:

Email:

EDUCATIONAL BACKGROUND: UNIVERSITIES ATTENDED

Institution 1

Institution:

Major:

From (date):

To (date):

Degree Earned:

Date Earned/will earn:

Institution 2

Institution:

Major:

From (date):

To (date):

Degree Earned:

Date Earned/will earn:

Institution 3

Institution:

Major:

From (date):

To (date):

Degree Earned:

Date Earned/will earn:

Institution 4

Institution:

Major:

From (date):

To (date):

Degree Earned:

Date Earned/will earn:

EDUCATIONAL BACKGROUND: STANDARDIZED TESTS

ACT:

GMAT:

GRE:

MCAT:

SAT:

TOEFL:

Other:

ADDITIONAL INFORMATION**Have you ever applied to medical/dental/veterinary medical or other healthcare programs?****Yes****No****If yes, list where and when:****Have you ever been placed on probations, dismissed, or had an institutional action from any college or university for reasons pertaining to academic integrity?****Yes****No****If yes, list why, where and when:****Have you ever been adjudicated guilty or convicted of a misdemeanor, felony or other crime?****Yes****No****If yes, please explain:**

PROFESSIONAL AND VOLUNTEER EXPERIENCES

Organization 1

Organization:

Contact Person:

Address:

Dates of Experiences:

Description of Duties:

Organization 2

Organization:

Contact Person:

Address:

Dates of Experiences:

Description of Duties:

Organization 3

Organization:

Contact Person:

Address:

Dates of Experiences:

Description of Duties:

Organization 4

Organization:

Contact Person:

Address:

Dates of Experiences:

Description of Duties:

ESSAYS

Describe your decision to pursue a career in healthcare. What was your previous career? Explain why you decided to change to healthcare? What factors contributed to your decision? What do you hope to contribute to your profession and others through a career in healthcare?

What are your strengths, qualities or attributes that will contribute both to your success at UF and in healthcare?

Why do you want to attend the UF Pre-health Post-Baccalaureate Program (PHPB)?

Please explain your previous academic difficulty including what has changed since you last took science courses that would indicate your ability to be successful in the ReStart Program.

Is there anything else you wish the admission committee to know?

How did you find out about Pre-Health Post-Baccalaureate Program (PHPB)?

I certify that the above information is current, complete and accurate to the best of my knowledge.

Signature

Please submit unofficial copies of all transcripts to phpostbac@clas.ufl.edu.

Official transcripts and the UF Post-Bac Application must be sent directly to the UF Office of Admission, PO Box 114000 Gainesville, FL 32611.