

20180118

OMSAS

2018

DATA SHEET

- Queen's

University Code:

Q

AMENDED

Refno:

2018 800005

OUAC ID:

00000266400

Email Address:

med\_uat\_load\_0019.test@ouac.on.ca

Choices:

M F Q

Surname:

Grày

First & Middle Name:

Nícòllè

Title:

Gender:

Unreported

Common Name:

Date of Birth:

1999 09 04

Former Surname:

OEN:

First Language:

FRE

Lang of

ENG

Correspondence:

Language of Proficiency:

,

Other Lang of Proficiency:

Indigenous/Aboriginal:

Country of Citizenship:

Chile

Date of Entry:

2000-09-01

Status in Canada:

No Status

Mailing Address

45 Cedar Grove Way  
Seattle WA 24875-3147  
66721

Home Address

After May 1:

H

45 Cedar Grove Way  
Seattle WA 24875-3147  
66721

Permanent Phone:

Cell Phone:

Alternate Phone:

6279502249

Academic Background

Last Secondary School

2008/06

2012/10

Cairine Wilson S S  
Gloucester, ON, Canada

Dip/Cert

Postsecondary Education

	Institution	Program	Level	Degree	Type	Date	Exc	Sts	Actual Length
002 2012/11 2016/04	McMaster Univ	Public Hea	4 Year	BSc	U	2016/05		C	
	2013	F		7		10.00	38.80	3.88	10
	2013	S		7		1.00	3.70	3.70	1
	2014	F		7		9.00	33.30	3.70	10
	2015	F		7		10.00	39.60	3.96	10
	2016	F		7		10.00	39.60	3.96	10
Institution Totals						40.00	155.00	3.88	
Overall Total:						40.00	155.00	3.88	

Undergrad Verf:

C

Grad Verf:

Grad Indicator:

More than a full course load:

N

Less than a full course load:

N

Transcripts Requested

McMaster University

Referees

0

Rating

Good Health Care Professional

Date Received

Questions

Prev MD:

Y

Defer:

N

Fail:

Y

Interrupt:

Y

MCAT Scores

(Over)

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<b>University Code:</b>		Q		AMENDED					<b>Refno:</b>	2018 800005	
									<b>OUAC ID:</b>	00000266400	
<b>Test Date</b>	<b>VR</b>	<b>PS</b>	<b>WS</b>	<b>BS</b>	<b>CPBS</b>	<b>CARS</b>	<b>BBFL</b>	<b>PSBB</b>	<b>TOTAL</b>	<b>Inv Report Filed</b>	

**2 Year Avg:**  
**Amendment Summary**  
**Personal Information Changes**  
Surname  
First Name

\*\*\* END OF INFORMATION \*\*\*