

SCHREYER HONORS COLLEGE
EARLY ASSURANCE PROGRAM
FOR ADMISSION TO THE PENNSYLVANIA STATE UNIVERSITY
COLLEGE OF MEDICINE

Please follow the instructions listed below.

1. Using the enclosed faculty recommendation forms, request that at least 3 Penn State faculty write letters of recommendation – one letter from your honors adviser and two letters of recommendation from faculty acquainted with your potential for a career in medicine. Letters should be submitted to the Associate Dean's office in C-10 Atherton Hall.
2. Before your early assurance application can be reviewed, three steps must be completed:
 1. You must complete the enclosed Request for SHC Early Assurance Committee Evaluation Form and return it to the Associate Dean Academic Affairs Office in C-10 Atherton Hall.
 2. At least three faculty letters of recommendation must be received by this office.
 3. You must schedule a time for a 30 minute interview with representatives of the SHC Early Assurance Committee. These interviews are generally conducted during mid- to late March and cannot be scheduled until steps (1) and (2) are complete.
3. The information you give us on the request form is only for committee use and the interview request form is not forwarded to the College of Medicine. Our office will forward both the compiled Early Assurance committee letter and the individual faculty letters of recommendation to the College of Medicine.
4. Questions may be directed to Associate Dean Academic Affairs in C-10 Atherton Hall or by phone 814-865-4257.

TIMETABLE FOR SHC EARLY ASSURANCE PROGRAM

APPLICATION SHOULD BE MADE DURING THE SPRING SEMESTER OF THE SOPHOMORE YEAR

March 1st applicant completes and submits components of application which include:

1. An unofficial transcript
2. Completed Early Assurance Application.
3. A personal statement outlining your background, reasons for deciding on a career in medicine, and career goals.
4. Essay describing the additional education or training opportunities that enrollment in the Early Assurance Program at the Penn State College of Medicine will allow you to pursue.
5. Three letters of recommendation submitted directly to the Schreyer Honors College Associate Dean's Office.

March 14 – 15 – Early Assurance Committee will review applications.

March 20 – 24 – Early Assurance Committee will conduct interviews.

Early-April – Early Assurance Committee will forward a list of the best-qualified applicants to the Admissions Committee of the College of Medicine.

June-July – Applications are reviewed by the College of Medicine Admissions Committee and selected candidates are invited for an interview during early summer following the second year.

August – A decision is made and written notification is sent to the applicant and the Schreyer Honors College. Up to five students from the Schreyer Honors College will be selected under this program.

Accepted Students:

An honors adviser will be appointed at the College of Medicine who, with the undergraduate honors adviser at University Park, will help with academic planning and with procedures.

Spring semester of Junior Year – accepted students must take the Medical College Admissions Test (MCAT). Examination results are forwarded to the College of Medicine and the Schreyer Honors College.

Junior Year – accepted students must complete an American Medical School Application Service (AMCAS) application for central registration purposes. The fee for the application is waived by the College of Medicine.

Fall Semester Senior Year – visit the College of Medicine and meet with the Associate Dean for Admissions.

THE PENNSYLVANIA STATE UNIVERSITY
Schreyer Honors College
Associate Dean
C-10 Atherton Hall

REQUEST FOR FACULTY LETTER OF EVALUATION

TO BE COMPLETED BY STUDENT. PLEASE PRINT OR TYPE.

Student Name _____ PSU ID# _____
Last First M.

Major: _____ Semester Standing: _____

Request faculty letter from: _____
Name Department

Courses taken from this Professor or context you know this letter writer – include date: _____

Please make one selection:

() I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation. By waiving your right to access you do not have the right to read the evaluation once completed by the evaluator. By exercising this option you are in essence, asking the letter writer to provide a confidential letter.

() I retain my right of access to this letter of evaluation. By not waiving your right to access you have the right to read the evaluation once completed by the evaluator. By exercising this option you are telling the letter writer that their letter is not confidential.”

Applicant's Signature _____ Date _____

With this letter the above named student is asking that you please write an evaluation or assessment of his/her promise as an applicant for admission to the Early Assurance Program: Penn State College of Medicine. Your appraisal should be **sent directly to Associate Dean, Schreyer Honors College, C4 Atherton Hall**, where it will be held along with other letters and academic information to assist the Early Assurance Committee in preparing a summary committee letter of evaluation. At the student's request, copies of the committee letter and each of the faculty letters are sent as a compiled evaluation packet College of Medicine.

To Evaluator: Please provide **on your institutional letterhead** your candid evaluation of the student identified above. **Please sign and date your letter.** Besides intellectual capacity, professional school admission committees are particularly interested in your addressing, if possible, abilities and qualities such as:

- | | | |
|--------------|-----------------|--------------------------|
| Appearance | Self-discipline | Retention of information |
| Poise | Self-confidence | Communicative skills |
| Maturity | Curiosity | Emotional Stability |
| Leadership | Adaptability | Relationship with others |
| Independence | Tolerance | Manual dexterity |
| Reliability | Enthusiasm | Moral character |
| Perseverance | Compassion | Motivation to medicine |

Return to
C-10 Atherton Hall
University Park, PA 16802
Schreyer Honors College Early Assurance Committee

The Pennsylvania State University
Schreyer Honors College

Office of the Associate Dean
Early Assurance Evaluation Committee
C-10 Atherton Hall

**REQUEST FOR COMPILED EARLY ASSURANCE COMMITTEE EVALUATION
(Committee use only)**

Signatory for FERPA compliance for Transmitting Early Assurance Committee Evaluation Letter, Faculty Letters of Recommendations and Access to Early Assurance Committee Evaluation Letter.

I authorize the Schreyer Honors College to transmit such information and letters of recommendation in support of my application to the Pennsylvania State University College of Medicine. I release Penn State University and its individual staff members from civil liability for any damages sustained by me by reason of their respective functions and services in fulfillment of this request.

Please make one selection:

() I hereby voluntarily waive and relinquish any right of access to this confidential Early Assurance Committee letter of evaluation. By waiving your right to access you do not have the right to read the evaluation once completed by the committee.

() I retain my right of access to this confidential Early Assurance Committee letter of evaluation. By not waiving your right to access you have the right to read the evaluation once completed by the evaluator.

Signature: _____ Printed Name: _____

Date: _____

Please Type or Print

Name: _____ PSU ID#: _____
Last First Middle

Local Address: _____ Phone #: _____

Home Address: _____ Phone #: _____
Street City State/Zip

E-Mail Address _____ Date of Birth: _____

Best Single Day SAT Scores: Mathematics _____ Critical Reading _____ Writing _____

Rank in High School Graduating Class _____ of _____

	<u>Name</u>	<u>Age</u>	<u>Education</u>	<u>Occupation</u>
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Brothers And/or Sisters	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Our committee requests this information because it is requested on health professional applications and is a frequent point of discussion during school interviews. Your inclusion of this information is voluntary and our office will handle this information with sensitivity and confidentiality.

**The Pennsylvania State University
Schreyer Honors College**

Office of the Associate Dean
Early Assurance Evaluation Committee
C-10 Atherton Hall

**REQUEST FOR COMPILED EARLY ASSURANCE COMMITTEE EVALUATION
(For committee use only)**

List below in chronological order, from past to present, your various activities and interests throughout high school and college. Where applicable include date or duration of activity, e.g. June 2011 – August 2011 and please include hrs/wk for jobs and shadowing/volunteer experiences. If necessary, you may attach a sheet following the same order of items. **Note: Résumés are not sufficient.**

Extracurricular Activities, including offices held; study abroad; co-op, etc.

Honor Societies:

Athletic Activities:

Hobbies or Unorganized Activities:

Part-time Jobs during School:

Summer Jobs:

Association you have had with Health Professions, e.g. family ties, volunteer work, summer jobs, etc.

Please attach the following:

Personal Statement outlining your background, reasons for deciding on a career in medicine, and career goals.

In an essay of not more than 500 words, describe the additional education or training opportunities that enrollment in the Early Assurance Program at the Penn State College of Medicine will allow you to pursue.