



Health Professions Committee

Autobiographical Questionnaire for 2022 Cycle Applicants

Instructions

Step 1: Complete the Autobiographical Questionnaire and submit it, with all required materials (transcripts, resume, personal statement, etc.) to premed-health@drew.edu by **Friday, February 19, 2021**.

Step 2: After you have submitted your “Autobiographical Questionnaire for 2022 Cycle Applicants,” you will be informed when to contact the Health Professions Committee members in order to schedule your individual interviews with each of them.

- **Roger Knowles, Chair of Health Professions Committee and Professor of Biology,** rknowles@drew.edu
- **Christina McKittrick: Associate Professor of Biology,** cmckittr@drew.edu
- **Dunstanette Macauley-Dukuly, Launch Catalyst and Health Professions Advisor:** dmacauleydukuly@drew.edu

Step 3: Completes separate interviews—one with each member of the Committee. Interviews will be held from March through April 2021.

Step 4: Have all of your outside letters of recommendation from professors, supervisors, research mentors, employers, coaches, etc. sent to Dunstanette Macauley-Dukuly by **Friday, April 30, 2021**. You **must** use the Letter of Recommendation Request Form (enclosed), and remind your evaluators to include this form with their letters.

Step 5: Email Dunstanette Macauley-Dukuly to submit your primary applications and attach a pdf copy of your completed applications. If your primary application does not include the list of schools to which you are applying, be sure to send this in your email. If you are applying to allopathic medical schools, you must also include in this email the AMCAS Letter Request Form. The Committee will submit your committee letter (includes letter of evaluation written by the Committee and all individual letters appended) within **3-4 weeks** of the time you notify us of primary application submission and all of your letters of recommendation have been received. If you are applying to any schools that do not accept letters electronically, please provide their mailing addresses. Please notify Dunstanette if you add or remove any schools.

Dunstanette will keep you posted on the step-by-step process!



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PART I: INTERVIEW DATA SHEET

Last Name: _____ First Name: _____

Email Address: _____ Phone Number: _____

Address: _____

Graduation Date: _____ Major: _____ Minor: _____

Birthplace: _____ State/Country of Legal Residence: _____

Citizenship: _____ Race/Ethnicity: _____

Applying to (circle):

Allopathic (M.D.) Osteopathic (D.O.) Dental (D.M.D./D.D.S.) Optometry (O.D.) Other: _____

Have you applied to health professional schools previously? If so, when? _____

AMCAS/AACOMAS/ADSAS/OptomCAS ID#: _____

If you have already taken the MCAT or appropriate standardized entrance exam, please list the score(s) and date(s). If you have not taken the exam, please indicate when you plan to do so.

Are you from a low-income background? _____

Mother's Occupation: _____ Father's Occupation: _____

Please describe any unusual or outside burdens that you carried while in college.

Do you expect to complete a senior honors thesis? What is your proposed topic?

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Please describe your summer plans if known.

Please list the classes you are currently taking.

Please list the classes you are planning to take next year.

Were you ever the recipient of any institutional action by any college or medical school for unacceptable academic performance, violation of academic integrity, or conduct violation?

YES NO

If you answered yes, explain: _____

NOTE TO STUDENTS: Health professional schools require applicants to disclose convictions of felonies as well as institutional actions related to conduct, academic integrity, and academic performance. If you have such a violation on your record, you are required in your primary medical school application to disclose and explain the situation fully. Many medical schools will procure a national background check on applicants at the point of acceptance.

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Part II. RESUME

Please provide the committee with an **updated** resume. Your resume must include a section detailing your experience in the following areas since you have been in college:

- Graduation Date
- Major(s) and Minor(s)
- Awards and Honors
- Relevant Experience → Work Experience
- Research
- Internships
- Volunteer Work
- Community Service
- Extra-Curricular Activities

*REMEMBER TO INCLUDE DATES, COMMITMENT (Hrs/Wk or Times/Mo), AND A BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES.

Part III. TRANSCRIPTS

Please provide the committee with a copy of your unofficial transcript. If you attended any other colleges before or during your enrollment at Drew, please provide unofficial transcripts from these institutions too. **Please sign the enclosed form on page 6 “Waiver Form” for permission to access transcripts.**

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Part IV. MORE ABOUT YOU

Please provide short essay answers (no more than 250 words each) to the following questions. These are questions often asked by admissions officers in medical school interviews.

- 1) Why do you want to be a doctor/dentist/optometrist? Why have you chosen this particular health profession over others? (e.g., why medicine and not nursing or, why dentistry and not medicine?)
- 2) What do you believe is the value of attending a liberal arts institution, like Drew, to you as an aspiring health professional?
- 3) Describe an important experience that occurred in a laboratory, clinical, or community service setting and what you learned from this experience.
- 4) Discuss a central ethical dilemma facing medicine today. What are the arguments on either side of the debate?
- 5) What are your greatest strengths and weaknesses?
- 6) Are you satisfied with your academic performance? Why or why not? Please explain any blemishes on your transcript.
- 7) What will you do if you do not gain acceptance to medical school in this cycle?

Part V. PERSONAL STATEMENT

For the standardized primary application (AMCAS, AACOMAS, AADSAS, OptomCAS. etc.), you will be asked to write a personal essay. Please provide a draft of the personal statement you plan to submit. This is an opportunity for you to tell your story about what has brought you to the field of medicine. This should **not** be a narrative version of your resume or transcript; rather, ***the personal statement is a chance to provide an autobiographical sketch of yourself as a unique and motivated individual.*** It is better to be specific about a few items rather than generally covering several issues. State what you have gained or the lessons you have learned from each experience you mention. Your personal statement **must not exceed 5,000 characters** (approximately two pages, double-spaced). You may think about addressing some of the following points:

- Why you have chosen to pursue a medical education
- Your perception of the healthcare profession
- What you hope to gain from and/or contribute to the field
- Particular hardships or obstacles you may have faced and how these affected your academic record and/or influenced your aspiration to become a health professional
- Any other explanations of significant fluctuations in your academic record
- Anything else about you that you would like admissions committees to know

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Part VI. LETTERS OF RECOMMENDATION (At least 4, but no more than 6)

The Health Professions Recommendation Committee at Drew will prepare a composite letter of recommendation, required by all medical schools and most other health professions schools. We will draw from the materials, which you provide to us (resume, transcripts, essay answers), from our interview, and from your other letters of recommendation. As part of the Health Professions Committee evaluation that we submit to your schools, you must arrange for four, but not more than six, other letters of recommendation.

You should acquire letters of recommendation from three faculty members: two from science professors (one from your major department, if you are science major) and one from a non-science professor (this should be from your major department, if you are a non-science major). You must also obtain a letter of recommendation from an employer or supervisor who you may have worked with closely in a research or healthcare setting. Remember that the strongest letters of recommendation will come from those whom you have made a strong impression on, so you should request letters from the professors and employers who you feel know you best.

When asking faculty, supervisors and/or employers, and peers to write a letter in your behalf, **you must use our Request for Letter of Reference Form**. It is appropriate to provide each of your recommenders with a copy of your resume and a draft of your personal statement so that they can place your recommendation within the broader context of your interest and experience in healthcare. Also, it is proper to ask each individual if he or she would be willing to write in your behalf at the time you fill out the questionnaire. You should ask your recommenders for a letter in person, not through e-mail. The deadline for their letter is **April 30th**, not your questionnaire deadline of **Feb. 19th**.

Please provide the names of those from whom you are expecting letters of recommendation. It 's fine if this list changes, but you must update me, Lisa Layne, so that I know who to contact if his/her letter is late.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



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WAIVER FORM

Date: _____, 20 ____

To: Drew University Health Professions Committee

- Being fully aware of my right not to do so, I hereby waive all future access to my recommendation packet, including the committee letter and all outside letters of evaluation, which the Drew University Health Professions Committee, upon my request, will send to the health professional schools in support of my application for admission.
- Being fully aware of my right not to do so, I hereby grant the Drew University Health Professions Committee permission to access my transcripts.

Signature _____

Print Name _____



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REPORT ON INSTITUTIONAL ACTION

TO BE COMPLETED BY THE APPLICANT: By signing this form I give permission to the Health Professions Committee to obtain and discuss records from the Dean of the CLA, the Dean of Campus Life and Student Affairs, and the Registrar regarding any institutional action relating to my conduct and academic performance at Drew University. It is my understanding that this information maybe used in the preparation of my committee letter of evaluation.

Name: _____ Class of: _____
(First) (Last) (Middle)

I waive my right to access this form: [] YES [] NO

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY THE DEAN, CLA; DEAN, CAMPUS LIFE/STUDENT AFFAIRS; REGISTRAR:

This student has requested a Health Professions Committee Letter of Evaluation in support of their application to health professional schools. The information below is required by the Health Professions Committee. Your comments may be used in the preparation of the Health Professions Committee letter of evaluation of this student. Prompt release of information about this student will be appreciated by both the applicant and the Committee. Thank you for your assistance.

Appropriate Dean/Director Approval

Has there been any institutional action regarding:

1. This student's conduct? [] YES [] NO

Signature of Dean of Campus Life and Student Affairs or Designee

_____ Date: _____

2. This student's academic integrity? [] YES [] NO

Signature of Dean of the College of Liberal Arts or Designee

_____ Date: _____

3. This student's academic performance? [] YES [] NO

Signature of Registrar or Designee

_____ Date: _____

If the answer to any of the above questions is "yes," please explain:



**Health Professions Committee
Request for Letter of Recommendation Form**

DUE DATE: April 30, 2021

To: _____ (evaluator's name):

I am applying for admission to _____ (type of health professional schools, e.g. medical, osteopathic, dental, veterinary, optometry, podiatric, etc). I intend to matriculate in health professional school _____ (month and year you will begin).

I hereby request that you provide a letter of recommendation on my behalf to the Health Professions Committee of Drew University. I understand that your candid evaluation, including confidential records in some cases, is being sought and that a copy of your letter will be sent to the health professional schools to which I am applying. I understand that this letter will be held in confidence from me and the public both by the Health Professions Committee and the health professional schools to the extent permitted by law.

Name: _____ Signature: _____ Date: _____

To the Evaluator: The Health Professions Committee coordinates the application process and writes committee letters of recommendation for students and alumni who apply to health professional schools. In order for us to complete an accurate and detailed committee letter for each applicant, we require the opinion of those who know the student best. Your letter of recommendation will be extremely valuable to this student's application. Your candid and thorough evaluation, 2-3 paragraphs (or more, if you wish), should address the following:

- how long and in what capacity you have known the applicant,
- your assessment of the applicant's academic and personal strengths,
- specific examples that demonstrate the applicant's performance or behavior, and
- a description of any attributes you feel make the applicant a strong candidate for a health career.

We recommend that you ask the applicant for information about their academic and other experiences to inform your letter. We note that vague letters can be interpreted as unsupportive, thus if you feel you cannot write a sufficiently detailed letter it may be best to decline the request from the candidate. Also be sure the applicant tells you the specific types of health professional programs to which he or she is applying, so you can speak to that in your letter.

Important: Please address your letter to the Health Professions Committee of Drew University. Your letter must be on official letterhead, signed, and dated. Please submit a hard copy of your letter, or forward your signed and dated letter as an email attachment in the **.pdf format** to dmacauleydukuly@drew.edu. Your letter is sent in its complete form to the health professional schools along with our committee letter. We cannot complete and submit our committee letter for the applicant until we have received all outside letters of recommendation. Therefore, it is essential that you submit your letter of recommendation to us by **Friday, April 30, 2021**. We cannot accept letters submitted by the student. Your letters are confidential and used only for the purposes of supporting the candidate's application to health professional schools. Unless you are otherwise notified, you can assume that the applicant has waived his or her right to access these letters.

Please mail your letter directly to:

Ms. Dunstanette Macauley-Dukuly
Health Professions Advisor
Center for Internships and Career Development
Drew University
36 Madison Avenue
Sycamore Cottage, Room 104

DREW UNIVERSITY

Health Professions Committee Request for Letter of Recommendation Form

DUE DATE: April 30, 2021

Madison, New Jersey 07940

If you have any questions or concerns, please contact me at dmacauleydukuly@drew.edu or 973-408-3566.