



## Eligibility

To be eligible for admission to the University of Virginia Post-Baccalaureate Pre-Medical Program, you must have a bachelor's degree from an accredited college or university and a GPA of 3.25 or better. This program is designed for individuals who have not yet taken the required science courses needed for medical school admission. This is not a remedial program for students who want to strengthen their academic credentials. A strong academic record, clearly-defined medical interests, and some experience in a health care setting is considered necessary for admission.

## Instructions

The following items should be included in your application packet. Applications missing one or more of these items will be returned to the sender.

- A \$60 non-refundable application fee (check or money order made out to the University of Virginia).
- A personal statement which describes your skills and interests relevant for this program and medical school.
- A completed U.Va. Post-Bac Pre-Med Application for Admission.
- An up-to-date resume reflecting educational background, work experiences, and volunteer activities.
- Two letters of recommendation (one from a former faculty member; one from someone who can speak about your academic, volunteer and/or professional abilities).
- Official copies of all college transcripts (mailed to the address below).
- SAT, ACT or GRE test scores.

## Letters of Recommendation

Two recommendation forms must be submitted by individuals who know your academic and/or professional abilities and skills. One recommendation should be written by a faculty member with whom you studied. It is suggested that the other letter be written by a professional, volunteer, or work associate. Please do not include letters from family members. Letters should be mailed directly from the letter writer to the U.Va. Post-Bac Pre-Med Program.

The University of Virginia  
Post-Baccalaureate Pre-Medical Admission Committee  
Zehmer Hall  
104 Midmont Lane, P.O. Box 400764  
Charlottesville, VA 22904-4764

## Timeline

- Applications may be submitted each year beginning September 1 through March 1.
- Application review will begin on October 1 on a rolling basis for those applicants who have completed and forwarded all required application material. Since admission is rolling, we encourage you to apply early.
- You will learn about your admission status within two weeks following the review of your completed application packet by the admissions committee.
- The admission committee will request an interview with qualified candidates.
- Each program cohort begins in June and ends in May of the following year.

If you have questions regarding the application process or the status of your application, please contact the Post-Bac Pre-Med Program Office at 434-243-8120 or email [postbacpremed@virginia.edu](mailto:postbacpremed@virginia.edu) for more information.

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Consistent with Federal and State law, the University does not discriminate in any of its programs, procedures, or practices on the basis of age, color, disability, national or ethnic origin, political affiliation, race, religion, sex (including pregnancy), sexual orientation, or veteran status. The University operates equal opportunity and affirmative action programs for faculty, staff, and students, including discriminatory harassment policies and procedures. The University of Virginia is an Equal Opportunity/Affirmative Action Employer.

Please note that this application cannot be saved. You should print out an extra copy for your records.



UNIVERSITY of VIRGINIA

# Post-Baccalaureate Pre-Medical Program



## APPLICATION FOR ADMISSION

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix (Jr., Sr., III) \_\_\_\_\_

List any other surnames under which the materials may be submitted \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_ Female \_\_\_\_ Male

State of Legal Residence\* \_\_\_\_\_ Citizenship \_\_\_\_\_ Email Address \_\_\_\_\_

Current Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of Dependents \_\_\_\_\_

How did you learn about this program? \_\_\_\_\_

In what year are you interested in beginning the program? \_\_\_\_\_

Please list any foreign languages in which you are proficient or fluent: \_\_\_\_\_

The following item is optional:

- African American       Latino/Latina       Native Hawaiian/Other Pacific Islander       Other-Mixed Race
- Asian       Mexican-American       Puerto Rican-Mainland
- Asian-American       Native American       White

\*If you plan to apply for in-state privileges, please complete and submit the Application for Virginia In-State Privileges Form 1b available online at <http://www.virginia.edu/undergradadmission/documents/VirginiaInStateForm07.pdf> with this application.

Standardized test scores: 1) Please forward your official scores to the University of Virginia. 2) Self-report your scores below.

Testing codes: 4412 (ACT); 5820 (SAT); R5820 (GRE).

ACT \_\_\_\_\_ SAT \_\_\_\_\_ GRE \_\_\_\_\_

Subscores: V \_\_\_\_\_ M \_\_\_\_\_ Writing/Essay \_\_\_\_\_ Science \_\_\_\_\_



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Remember to attach an up-to-date resume reflecting your educational background, your work experiences, and your volunteer activities.

Please briefly describe your most significant health care experience(s). (Please limit your responses to the space provided.)

Please highlight any additional information you think the committee should know in considering your application. (Please limit your responses to the space provided.)



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## Recommendations

Please list the names of the three individuals that will submit recommendation forms for you. You should include at least one faculty member with whom you studied and another academic or professional associate. Please do not include family members.

Name of academic reference	Association	Contact Information (email and phone)
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Name of second reference	Association	Contact Information (email and phone)
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## Personal Statement

On a separate piece of paper, and in 1,000 words or less, please describe your interest in medical school and your desire to attend the University of Virginia. Please also describe the skills, abilities and experiences that make you a good candidate for medical school and for the U.Va. pre-medical, post-baccalaureate program.

Have you ever been the recipient of any disciplinary action by any college or university you have attended?  Yes ?  No ?

Have you ever been convicted of any misdemeanor or felony?  Yes?  No?

If you answered yes to either or both questions above, please provide details in the space provided.

Remember to attach an up-to-date resume reflecting your educational background, your work experiences, and your volunteer activities.

## Signature

On my honor, the information contained in this application packet is accurate and complete to the best of my knowledge. I understand that my application for admission will not be reviewed by the Admission Committee until I submit all required documents. I also understand that the committee may request additional information from me before making a decision.

If I am awarded admission to the University of Virginia, I pledge to uphold the institution's honor code. As a U.Va. student, I will be charged with the responsibility to refrain from dishonorable conduct. Accompanying this individual commitment to abide by the Honor System is an even more demanding commitment to responsibility to ask those who violate our standard of honor to leave the University. Accepting these responsibilities is vital to the successful maintenance of our student-run Honor System.

Signature of the Applicant	Date
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# Post-Baccalaureate Pre-Medical Program



## Academic Recommendation Form

This recommendation form may be used by a faculty member or other academic familiar with the candidate named below who is applying for admission into the University of Virginia Post-Bac Pre-Med Program.

Name of Candidate \_\_\_\_\_ Date \_\_\_\_\_

Name of Recommender \_\_\_\_\_

Contact Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### To the Candidate Regarding Confidentiality:

The Family Educational Rights and Privacy Act (FERPA, 1974) permits student access to letters of evaluation in their permanent institutional file. This right of access may be waived by the candidate, in which case the University holds the evaluation in confidence and it is not available to the student. Each candidate must decide whether to waive his or her right of access by checking the desired box and signing below. If neither signature box is checked, access to your evaluation will be considered waived.

- I waive my right of access to this letter of recommendation.
- I do not waive my right of access to this letter of recommendation.

Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

### To the Recommender:

1. You have been asked to provide a recommendation in support of the above-named candidate seeking admission into the University of Virginia's Post-Baccalaureate Pre-Medical Program. The Program Admission Committee requests that you address this individual's academic qualifications and characteristics, reflecting upon the candidate's abilities and promise to succeed in medical school and a career in medicine. Specifically, the Committee seeks information regarding the candidate's:

- intellectual abilities
- personal qualities and characteristics
- potential for success in a demanding science program of study

2. Please write your recommendation on official letterhead and attach it to this form. Enclose the form in an envelope, sealed and signed across the seal, and addressed to:

The University of Virginia  
Post-Baccalaureate Pre-Medical Admission Committee  
104 Midmont Lane, P.O. Box 400764  
Charlottesville, VA 22904-4764

3. Please signify whether you approve the possible use of this recommendation should this student enroll in the program, to also support candidacy for awards, grants, etc., as well as for possible admission into medical school.

I approve \_\_\_\_\_  I do not approve \_\_\_\_\_



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## Recommendation Form

This recommendation form may be used by individuals familiar with the candidate named below who is applying for admission into the University of Virginia Post-Bac Pre-Med Program.

Name of Candidate \_\_\_\_\_ Date \_\_\_\_\_

Name of Recommender \_\_\_\_\_

Contact Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

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