Form 3A

Pre-Professional Services
INTENT TO RE-APPLY

NAME (Please Print) ____________________________________________
RUID ______________________ NET ID _______________________
EMAIL ______________________ PHONE ___________________

Please note: This form must be completed and returned to the Office of Academic Services located in Hill Hall Room 312 by the first day of May during the spring semester before the summer in which you will re-apply.

When you submit this completed form, you will be placed on our list to:

➢ Receive re-applicant materials along with relevant timeline and deadlines.
➢ Request a Committee sponsorship letter or a non-sponsorship letter to be sent out after you update and submit your application.

1. I am re-applying for Admission in 20 _____
2. I am re-applying to (check and complete as appropriate):

☐ Chiropractic Medicine ☐ Occupational Therapy
☐ Foreign Medicine (Int'l or Caribbean School) ☐ Pharmacy
☐ Medicine (☐ Allopathic ☐ Osteopathic)
  o Early Assurance__________________________ (indicate school)
  o Early Decision___________________________ (indicate school)
  o MD/PhD programs
☐ Optometry ☐ Physician Assistant
☐ Physical Therapy ☐ Public Health
☐ Podiatric Medicine ☐ Dentistry
☐ Other: __________________________________________________________________

3. I have read through and understand the Re-Application Cycle Guidelines _____ (Initial)

4. Please report your most recent standardized test score, including each subsection (e.g. MCAT, DAT, if you have taken it): ______________(Score) ______________(Subsections)

If you plan to re-take a test, when do you plan to re-take the MCAT, DAT, OAT or GRE? ______________________________ (Circle one)

Date

Signature __________________________ Date ______________________________