

Post-Baccalaureate Premedical Studies Certificate Application

How to Apply

Please complete this application and send it with your application fee to:

Attn: Ellen Miller
Center for University Advisement
101 Memorial Hall
126 Hofstra University
Hempstead, NY 11549

General Application Requirements

To apply, submit the following:

- A completed, signed and dated Continuing Education Post-Baccalaureate Premedical Studies application.
- A non-refundable \$70 application fee in the form of an applicant's own personal check or money order; cash is not accepted. Checks must be made payable to "Hofstra University."
- Applicants must have completed an undergraduate degree from an accredited university with a cumulative grade point average of 3.0 or better. Individuals with a lower GPA may be considered on a case by case basis.
- A personal statement. Write a short essay on your professional goals and aspirations. Explain your motivation for pursuing a career in the health profession.
- Official Transcripts - must be provided from all post-secondary schools you have previously attended. Contact the institutions directly to obtain these documents. Official Transcripts are signed, sealed documents which must be forwarded to Hofstra University Graduate Admissions directly from the educational institution(s). Most institutions charge a nominal fee for processing transcript requests.
- One letter of reference

Questions?

Please call us at (516) 463-4900 to speak with an advisor.

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Applicant Information

Last Name First Name Middle Name

Previous Last Name Date of Birth

Street Address

City State Zip

Daytime Phone # Evening Phone # Cell Phone #

E-Mail Address

Gender Male Female

CITIZENSHIP STATUS

Highest education level completed:

Bachelors Degree

Masters Degree or higher

Country of birth

U.S. Citizen U.S. Permanent Resident

Non-Resident Other

I plan to enter Hofstra's Post-Baccalaureate Premedical Studies in:

Select term: Fall Spring Year

If "Other," indicate country of citizenship and indicate type of visa or permanent resident identification number:

The following 3 items are optional:

1. Are you Hispanic or Latino? Yes No

2. Select one or more races from the following groups:

American Indian or Alaska Native White Asian

Native Hawaiian/other Pacific Islander Black or African American

3. What other schools have you applied to?

Are you currently living in the U.S.?

Yes No

If "Yes," indicate current visa status:

ADDITIONAL INFORMATION

Have you ever been suspended, expelled or required to withdraw for disciplinary reasons from any high school or college?

Yes No If "Yes," attach a detailed explanation.

Have you ever been charged with, convicted or, pled guilty or no contest to a felony charge?

Yes No If "Yes," attach a detailed explanation.

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Applicant Name

Last Name First Name Date

Academic Information: List chronologically all post-secondary education (even if you i not complete a degree).

Failure to list all institutions attended after high school constitutes grounds for dismissal.

Have you ever applied to or taken classes at Hofstra University? Yes No Are you currently attending Hofstra University? Yes No

College/University	Dates Attended [MM/YYYY to MM/YYYY]	Major/Field	Degree/Diploma	Degree/Diploma Date Granted	Credits Earned	Grade Point Average
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Health Related Employment History: List ALL health-related volunteer and/or paid employment experience.

Organization	Address	Position/Duties	Dates of Employment [MM/YYYY to MM/YYYY]
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment History: List the names of organizations, dates of employment and duties with the most recent of relevant experience first.

Organization	Address	Position/Duties	Dates of Employment [MM/YYYY to MM/YYYY]
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupational Goals: Please check one of the following

- Chiropractic
 Dentistry
 Medical Doctor
 Occupational Therapy
 Optometry
 Osteopathic Medicine
 Physician Assistant
 Physical Therapy
 Podiatry
 Veterinary Medicine

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Personal Statement: Write a short essay on your professional goals and aspirations. Explain your motivation for pursuing a career in the health profession. Be keenly aware of proper spelling, grammar and punctuation.

Do not forget to include: Current resume and a letter of recommendation.

I certify that the information provided by me on this application (including all supplemental pages) is complete and accurate.

Applicant Signature

Date

FOR OFFICE USE ONLY

Student ID:

DECISION: Accept Deny

Signature:

Date

Staff Initial

Date