SAMPLE 2018 UCLA PREP Application

Dear PREP 2018 Applicant,

Please use this SAMPLE 2018 UCLA PREP Application as a guide to prepare for the 2018 Application cycle. This will expedite the process once the application is open since you already have most of the things that you would need to input on the application itself. The only application that will be accepted is the ONLINE application.

**DO NOT MAIL OR EMAIL A FILLED OUT COPY OF THIS APPLICATION**

Tips for obtaining your Letter of Recommendations:

- Make sure to start contacting your letter writers as early as possible. You would need a (1) letter from a science professor and a (1) letter from an advisor or mentor.
- Let them know when you’re submitting your online application, and give them a deadline as to when you would want your letters to be submitted.
- The letter writers will receive a link with instructions on how to upload their letters. All letters must have a letter head as well as in PDF form.
- It is the applicant’s responsibility to check-in with your letter writer regarding your LOR.
- Only the letter writer can upload/submit the LOR’s online.

A COMPLETED APPLICATION MUST BE SUBMITTED IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED FOR SCREENING AND INTERVIEW. Posted deadlines would require a completed application.
2018 UCLA PREP Application

Applicant's Information

1. Legal Name

First Name *

[@]

Preferred Name

Last Name *

Middle

2. Please Check which applies to you: *

- Minimum 2.5 science GPA (BCPM) for Freshmen and Sophomores
- Minimum 2.8 science GPA (BCPM) for Juniors and above
- Science GPA (BCPM) is less than the choices above (Please specify)

3. Program of Interest *

- Medicine
- Dentistry
4. Have you applied to any medical (including D.O) or dental school before? *

[No] [Yes]

Contact Information

5. Contact Information *

Street Address

Apt/Suite/Office

City

State

Zip

Email Address

Phone Number
6. Emergency Contact *

First Name

Last Name

Phone Number

Relationship to applicant

7. Birth Date *

8. Birth Place *

City

State

Country
9. **Gender Identity** - How do you describe yourself? *

- Cisgender Woman
- Cisgender Man
- Genderqueer / Gender Non-Conforming / Fluid
- Non-binary
- Trans Feminine/Tran Woman
- Trans Masculine/Trans Man
- Not Listed
- Prefer not to answer

10. **Gender Identity** - Please specify *


11. **Sexual Orientation** - Do you consider yourself to be (mark one answer)

- Asexual
- Bisexual
- Demisexual
- Gay
- Heterosexual
- Lesbian
- Pansexual
- Queer
- Not Listed
- Prefer not to answer

12. **Sexual Orientation** - Please specify *


13. Citizenship Status
If not a US Citizen, please specify country of legal residence in the box provided *

- US Citizen
- Permanent Resident (Green Card Holder)
- DACA
- Other - Write In
14. Ethnicity (Check all that apply)

- African-American/Black
- American Indian / Alaskan Native
- East Indian / Pakistani
- Filipino / Filipino - American
- Japanese / Japanese - American
- Korean / Korean - American
- Mexican / Mexican - American
- Pacific Islander (Includes Micronesian, Polynesian, Other Pacific Islander)
- Vietnamese / Vietnamese American
- White / Caucasian
- Other Asian (not including Middle Eastern)
- Other Spanish-American / Latino (Includes Cuban, Puerto Rican, Central and South American)
- Not listed (Please Specify)
- Decline to State

15. Applicant's First Language Spoken *


16. Which of the following best describes your current relationship status? *

- Married
- Widowed
- Divorced
- Separated
- In a domestic partnership or civil union
- Single, but cohabiting with a significant other
- Single, never married

17. Annual Income (Self) *

18. Employment Status

If employed, please input the number of hours that you work per week *

- Not Employed
- Part-time Employed
- Full-time Employed

19. Occupation
20. Employer's Information

Company Name

Street Address

Apt/Suite/Office

City

State

Zip

21. **Type of Community you lived in**

<table>
<thead>
<tr>
<th></th>
<th>1-5 years</th>
<th>6-11 years</th>
<th>12-17 years</th>
<th>18-Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural or Farming</td>
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<tr>
<td>Inner City / Low Income</td>
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<tr>
<td>Metropolitan (Densely Populated area)</td>
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<tr>
<td>Suburban (Outskirts of a city)</td>
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<tr>
<td>Foreign Country</td>
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</table>
22. Type of Community - Others (Please specify)

23. Housing

<table>
<thead>
<tr>
<th></th>
<th>1-5 years</th>
<th>6-11 years</th>
<th>12-17 years</th>
<th>18-current</th>
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<tbody>
<tr>
<td>Homeless</td>
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<tr>
<td>Public or Subsidized</td>
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<tr>
<td>Rented by Family</td>
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<tr>
<td>Owned by Family</td>
<td></td>
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</tbody>
</table>

24. Housing - Others (Please specify)

25. Occupation & Annual Income
Please put **DO NOT KNOW** if you do not have this information available

<table>
<thead>
<tr>
<th></th>
<th>1-5 years</th>
<th>6-11 years</th>
<th>12-17 years</th>
<th>18- Current</th>
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<tbody>
<tr>
<td>Self</td>
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<td></td>
</tr>
<tr>
<td>Father</td>
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<tr>
<td>Mother</td>
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<tr>
<td>Spouse</td>
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</table>
26. Parent/Guardian's Educational Background

Please put **DO NOT KNOW** if you do not have this information available

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<tr>
<th></th>
<th>Parent / Guardian 1</th>
<th>Parent / Guardian 2</th>
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<tr>
<td>Gender</td>
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<tr>
<td>Highest Educational Level Completed</td>
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<tr>
<td>Degree Completed (if applicable)</td>
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</tbody>
</table>

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**Educational Background**
27. High School *

School Name

Street Address

Apt/Suite/Office

City

State

Zip

Country

28. Graduation Date *

29. Cumulative High School GPA *
30. SAT (Please put NA if not applicable)

Total Score

Date Taken

31. Undergraduate GPA *

Undergraduate Overall GPA (Total GPA)

Undergraduate Science (Total BCPM)

32. College / Graduate / Professional School 1 *

Name

Location (City, State/Country)

Dates of Attendance (mm/yy-mm/yy)

Summer Only? (Y/N)

Major Degree Granted (Y/N)

Cumulative GPA
<table>
<thead>
<tr>
<th>Name</th>
<th>Location (City, State/Country)</th>
<th>Dates of Attendance (mm/yy-mm/yy)</th>
<th>Summer Only? (Y/N)</th>
<th>Major Degree Granted (Y/N)</th>
<th>Cumulative GPA</th>
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</tbody>
</table>

33. College / Graduate / Professional School 2

<table>
<thead>
<tr>
<th>Name</th>
<th>Location (City, State/Country)</th>
<th>Dates of Attendance (mm/yy-mm/yy)</th>
<th>Summer Only? (Y/N)</th>
<th>Major Degree Granted (Y/N)</th>
<th>Cumulative GPA</th>
</tr>
</thead>
<tbody>
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</table>

34. College / Graduate / Professional School 3

<table>
<thead>
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<th>Name</th>
<th>Location (City, State/Country)</th>
<th>Dates of Attendance (mm/yy-mm/yy)</th>
<th>Summer Only? (Y/N)</th>
<th>Major Degree Granted (Y/N)</th>
<th>Cumulative GPA</th>
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</thead>
<tbody>
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</tr>
<tr>
<td>Name</td>
<td>Location (City, State/Country)</td>
<td>Dates of Attendance (mm/yy-mm/yy)</td>
<td>Summer Only? (Y/N)</td>
<td>Major Degree Granted (Y/N)</td>
<td>Cumulative GPA</td>
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</tbody>
</table>

35. College / Graduate / Professional School 4

36. College / Graduate / Professional School 5
37. College / Graduate / Professional School 6

Name

Location (City, State/Country)

Dates of Attendance (mm/yy-mm/yy)

Summer Only? (Y/N)

Major Degree Granted (Y/N)

Cumulative GPA

MCAT/DAT

38. Have you taken the MCAT/DAT? (Check all that apply)

☐ Taken "old" MCAT (2014 and older)

☐ Taken "new" MCAT (2015 and later)

☐ Taken DAT

☐ Have not taken MCAT or DAT

DAT

39. Test Date

[Input field]
40. DAT Test Scores

- NS
- PAT
- RC
- QRT

41. Test Date

42. MCAT Test Scores 2014 and older

- TOTAL MCAT SCORE
- Verbal Reasoning
- Biological Science
- Physical Science
- Writing

43. Test Date
44. MCAT Test Scores 2015 and later

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<th>Section</th>
<th>Score</th>
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<tbody>
<tr>
<td>TOTAL MCAT SCORE</td>
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<tr>
<td>Chemical and Physical Foundations of Biological Systems</td>
<td></td>
</tr>
<tr>
<td>Critical Analysis and Reasoning Skills</td>
<td></td>
</tr>
<tr>
<td>Biological and Biochemical Foundations of Living Systems</td>
<td></td>
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<tr>
<td>Psychological, Social, and Biological Foundations of Behavior</td>
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</table>

Experience

45. Experience 1

<table>
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<tr>
<th>Section</th>
<th>Details</th>
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<tbody>
<tr>
<td>Title</td>
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<tr>
<td>Organization/Company</td>
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<tr>
<td>Dates MM/YY-MM/YY</td>
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<tr>
<td>Number of hours per week</td>
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<tr>
<td>Location</td>
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<tr>
<td>Duties</td>
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<tr>
<td>Experience</td>
<td>Title</td>
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### 48. Experience 4

<table>
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<th>Dates MM/YY-MM/YY</th>
<th>Number of hours per week</th>
<th>Location</th>
<th>Duties</th>
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</table>

### 49. Experience 5

<table>
<thead>
<tr>
<th>Title</th>
<th>Organization/Company</th>
<th>Dates MM/YY-MM/YY</th>
<th>Number of hours per week</th>
<th>Location</th>
<th>Duties</th>
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</thead>
<tbody>
<tr>
<td>Organization/Club</td>
<td>Organization Name</td>
<td>Dates MM/YY-MM/YY</td>
<td>Position Held</td>
<td>Location</td>
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<td>52.</td>
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</tbody>
</table>
53. Organization/Club 4

Organization Name

Dates MM/YY-MM/YY

Position Held

Location

54. Organization/Club 5

Organization Name

Dates MM/YY-MM/YY

Position Held

Location

55. Are you currently applying to any other premedical enrichment programs?

- Yes
- No
56. Program 1
   Name
   Location
   Dates

57. Program 2
   Name
   Location
   Dates

58. Program 3
   Name
   Location
   Dates

59. Program 4
   Name
   Location
   Dates
60. Unofficial transcripts from all colleges and universities attended (PDF Form).
You can upload up to 10 files (filesize max 50mb) *

61. Copy of your financial aid award letter from your undergraduate institution for the current year. (filesize max 50mb) *

62. Personal Essay describing your personal, family and community background; your motivation for a medical career; what you have done to develop your interest and knowledge of modern medicine; and what you hope to accomplish by participation in UCLA PREP (filesize max 50mb)
Minimum of 1500 words
Maximum of 2000 words *

Letter of Recommendations
<table>
<thead>
<tr>
<th><strong>63. Letter Writer 1</strong></th>
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<tbody>
<tr>
<td><strong>First Name</strong></td>
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<table>
<thead>
<tr>
<th><strong>64. Letter Writer 2</strong></th>
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<tbody>
<tr>
<td><strong>First Name</strong></td>
<td><strong>Last Name</strong></td>
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</table>
65. How did you hear about UCLA PREP?  *

- Undergraduate Program
- Pre-Health Advisor
- Friends / Peers
- Website
- Social Media
- AAMC
- ABRCMS
- SACNAS
- Other
  
66. I declare that the applicant has provided correct information in this application form. I have checked and verified the application form and supporting documents. I hereby take full responsibility for any wrong verification made, or wrong documents submitted for the application.  *

[Signature field]

Signature of

[Signature field]
67. Submission Date *