



David Geffen School of Medicine

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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 applicaant

Personal Information

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

Applicant's Formative Years

21. Type of Community you lived in

	1-5 years	6-11 years	12-17 years	18- Current
Rural or Farming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inner City / Low Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metropolitan (Densely Populated area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suburban (Outskirts of a city)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Type of Community - Others (Please specify)

23. Housing

	1-5 years	6-11 years	12-17 years	18-current
Homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public or Subsidized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rented by Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned by Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Housing - Others (Please specify)

25. Occupation & Annual Income

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

	1-5 years	6-11 years	12-17 years	18- Current
Self	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

26. Parent/Guardian's Educational Background

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

	Parent / Guardian 1	Parent / Guardian 2
Gender	<input type="text"/>	<input type="text"/>
Highest Educational Level Completed	<input type="text"/>	<input type="text"/>
Degree Completed (if applicable)	<input type="text"/>	<input type="text"/>

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

33. College / Graduate / Professional School 2

Name

Location (City, State/Country)

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

Summer Only? (Y/N)

Major Degree Granted (Y/N)

Cumulative GPA

34. College / Graduate / Professional School 3

Name

Location (City, State/Country)

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

Summer Only? (Y/N)

Major Degree Granted (Y/N)

Cumulative GPA

35. College / Graduate / Professional School 4

Name

Location (City, State/Country)

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

Summer Only? (Y/N)

Major Degree Granted (Y/N)

Cumulative GPA

36. College / Graduate / Professional School 5

Name

Location (City, State/Country)

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

Summer Only? (Y/N)

Major Degree Granted (Y/N)

Cumulative GPA

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



40. DAT Test Scores

NS

PAT

RC

QRT

MCAT 2014 and older

41. Test Date



42. MCAT Test Scores 2014 and older

TOTAL MCAT SCORE

Verbal Reasoning

Biological Science

Physical Science

Writing

MCAT 2015 and later

43. Test Date



44. MCAT Test Scores 2015 and later

TOTAL MCAT SCORE

Chemical and Physical Foundations of Biological
Systems

Critical Analysis and Reasoning Skills

Biological and Biochemical Foundations of Living
Systems

Psychological, Social, and Biological Foundations of
Behavior

Experience

45. Experience 1

Title

Organization/Company

Dates MM/YY-MM/YY

Number of hours per week

Location

Duties

46. Experience 2

Title

Organization/Company

Dates MM/YY-MM/YY

Number of hours per week

Location

Duties

47. Experience 3

Title

Organization/Company

Dates MM/YY-MM/YY

Number of hours per week

Location

Duties

48. Experience 4

Title

Organization/Company

Dates MM/YY-MM/YY

Number of hours per week

Location

Duties

49. Experience 5

Title

Organization/Company

Dates MM/YY-MM/YY

Number of hours per week

Location

Duties

50. Organization/Club 1

Organization Name

Dates MM/YY-MM/YY

Position Held

Location

51. Organization/Club 2

Organization Name

Dates MM/YY-MM/YY

Position Held

Location

52. Organization/Club 3

Organization Name

Dates MM/YY-MM/YY

Position Held

Location

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

Supporting Documents Upload

60. Unofficial transcripts from all colleges and universities attended (PDF Form).

You can upload up to 10 files (filesize max 50mb) *

Browse...

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

Browse...

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 *

Browse...

Letter of Recommendations

63. Letter Writer 1 *

First Name

Last Name

Title

Company Name

Email Address

64. Letter Writer 2 *

First Name

Last Name

Title

Company Name

Email Address

How did you hear about UCLA PREP

65. How did you hear about UCLA PREP? *

- Undergraduate Program
- Pre-Health Advisor
- Friends / Peers
- Website
- Social Media
- AAMC
- ABRCMS
- SACNAS
- Other

Signature and Confirmation

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. *

Sign name using mouse or touch pad

Signature of

67. Submission Date *

