



Centenary College of Louisiana

Personal Information Form Premedical/Predental

Application Must Be Typed

If a student meets the criteria to use the Centenary College Premedical Committee and chooses to utilize the services of the Committee, it is understood that the Committee Evaluation is confidential and accessible only to the Committee and the schools the student has listed on this Personal Information Form. I also understand that these evaluations are not for purpose of applying for scholarships. I further understand that in choosing to use the Centenary College Premedical Committee, I waive my right to view the committee evaluation. Please note, it is the student's choice to utilize the Centenary College Premedical Committee for evaluation of application to medical/dental schools. It is not a requirement.

Signature				Date	
Full Name		Age		SS No	
Permanent Address			P	hone	
City			_ State _	Zip	
Centenary Address	ary Address Phone			_ Email	
Applicant for: Medicine	Dentistry	Other			
Are you applying to an Early Deci	sion Program?	yes	no	Graduation Date	
Are you currently enrolled at Cent	enary? yes	no	Last se	emester attended?	
Major(s) N			s)		
Overall GPA Science G					
MCAT/DAT Scores			Date(s)		
Medical/Dental schools that you w AMCAS/AADSAS applications. If the schools by state.					
School		(City/Stat	e	

List names of faculty from whom you will request evaluations. The list should include at least two science (each from a different science) and one non-science faculty member who actually taught you on the Centenary campus. A minimum of three and a maximum of five. This form may also be used by off-campus evaluators.

	Evaluator Name	Department
1.		
1.	Write a paragraph about your alternate plans if medi	cal/dental school study is not feasible for you
2.	If we asked your best friend about your personality, vand weaknesses?	what would she or he say are your strengths