

POST BACCALAUREATE PREMEDICAL PROGRAM APPLICATION FOR ADMISSION



I would like to begin the postbac premed program in the summer of 20_____.

Applicant Information					
Last Name _____		First _____		M.I. _____	
Street Address _____				Apartment/Unit # _____	
City _____		State _____	Zip _____	Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Country _____		Passport # _____		Teudat Zehut # _____ <small>(if Israeli citizen)</small>	
Phone _____			E-mail Address _____		
Date of Birth _____	Place of Birth _____	Social Security Number _____		Citizenship/s _____	
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Other _____		
Languages	English <input type="checkbox"/>	Hebrew <input type="checkbox"/>	Other _____		

Education					
High School _____			Address _____		
From _____ To _____		Year of Graduation _____			
College _____			Address _____		
From _____ To _____	Major _____		Degree _____		
College _____			Address _____		
From _____ To _____	Major _____		Degree _____		
Other _____			Address _____		
From _____ To _____	Degree _____				
College Grade Point Average _____					

Academic Honors and Awards		
High School		
Award or Honor _____		Year _____
Award or Honor _____		Year _____
College		
Award or Honor _____		Year _____
Award or Honor _____		Year _____
Award or Honor _____		Year _____
Award or Honor _____		Year _____

Standardized Test Scores

SAT Exam Scores	<input type="text"/>	Test Date	<input type="text"/>
	Verbal/Reading <input type="text"/>		Math <input type="text"/>
ACT Exam Scores	<input type="text"/>	Highest Composite Score	<input type="text"/>
GRE Exam Scores	<input type="text"/>		Test Date <input type="text"/>
	Verbal <input type="text"/>	Quantitative <input type="text"/>	Analytical/Writing <input type="text"/>

Science Courses Taken (or currently enrolled in)

College <input type="text"/>	Course Title <input type="text"/>	Grade <input type="text"/>	Dates Attended <input type="text"/>
College <input type="text"/>	Course Title <input type="text"/>	Grade <input type="text"/>	Dates Attended <input type="text"/>
College <input type="text"/>	Course Title <input type="text"/>	Grade <input type="text"/>	Dates Attended <input type="text"/>
College <input type="text"/>	Course Title <input type="text"/>	Grade <input type="text"/>	Dates Attended <input type="text"/>
College <input type="text"/>	Course Title <input type="text"/>	Grade <input type="text"/>	Dates Attended <input type="text"/>
College <input type="text"/>	Course Title <input type="text"/>	Grade <input type="text"/>	Dates Attended <input type="text"/>

Work Experience

Employer <input type="text"/>	Position Held <input type="text"/>	From <input type="text"/>	To <input type="text"/>
Employer <input type="text"/>	Position Held <input type="text"/>	From <input type="text"/>	To <input type="text"/>
Employer <input type="text"/>	Position Held <input type="text"/>	From <input type="text"/>	To <input type="text"/>

Health Profession Interest

I am interested in the following health professions: Medicine Dentistry Nursing Physical or occupational therapy Physician's assistant

Disciplinary History

Have you ever been convicted of a felony or misdemeanor other than traffic tickets? No Yes

If you answered "yes", please explain fully on a separate document giving the approximate date of each incident and explain why you believe this incident should not affect your application to this program.

References

I have asked that recommendations be sent by the following people: 1. 2.

Please be sure your references use the recommendation form found on the web site.

Essay

On a separate sheet of paper please write an essay (about 500 words) explaining why after first majoring in a subject other than science in college you have decided to study medicine or a related discipline, and why you have chosen to apply to a program in Israel. We hope to get some insight into your personality from the essay that relates to your decision to pursue a medical career.

Disclaimer and Signature

I understand that my admission to the Bar-Ilan Postbac Premed Program does not constitute admission to a degree program. My signature on this form indicates that all information I have submitted is factually correct. If at a later date it becomes clear that this is not so, I agree that Bar-Ilan may revoke any offer of admission that it makes to me.

Signature

Date

Complete the form above, review carefully, and email this form (as an attachment) to Fern@BarIlanPremed.com. Next, you should print, sign, and date a copy of this form.

To complete your application, please submit the following materials (by mail):

- **A signed, dated copy of this completed form**
- **An official transcript from all colleges and postgraduate programs listed above (these should be mailed or faxed directly by the institutions themselves)**
- **Photocopies of the results of your SAT, GRE (if applicable), and ACT (if applicable) standardized test scores**
- **Two letters of recommendation, each in a sealed envelope where the seal is signed by the referee. One letter should be from an academic source (professor who taught a course you have taken or a professor you have worked with), and one from someone who can write you a character reference.**
- **Your essay**
- **A (non-refundable) check in the amount of \$100 made payable to "Bar Ilan University - Premed"**

All materials should be sent to:

**Postbac Premed Program
Office of the Dean of Students
Bar Ilan University
Ramat Gan 52900
ISRAEL**