

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

Education			
High School	<input type="text"/>		
Address		<input type="text"/>	
From	<input type="text"/>	To	<input type="text"/>
		Year of Graduation	<input type="text"/>
College	<input type="text"/>		
Address		<input type="text"/>	
From	<input type="text"/>	To	<input type="text"/>
		Major	<input type="text"/>
		Degree	<input type="text"/>
College	<input type="text"/>		
Address		<input type="text"/>	
From	<input type="text"/>	To	<input type="text"/>
		Major	<input type="text"/>
		Degree	<input type="text"/>
Other	<input type="text"/>		
Address		<input type="text"/>	
From	<input type="text"/>	To	<input type="text"/>
		Degree	<input type="text"/>
College Grade Point Average	<input type="text"/>		

Academic Honors and Awards	
<b>High School</b>	
Award or Honor	<input type="text"/>
Year	<input type="text"/>
Award or Honor	<input type="text"/>
Year	<input type="text"/>
<b>College</b>	
Award or Honor	<input type="text"/>
Year	<input type="text"/>
Award or Honor	<input type="text"/>
Year	<input type="text"/>
Award or Honor	<input type="text"/>
Year	<input type="text"/>
Award or Honor	<input type="text"/>
Year	<input type="text"/>

**Standardized Test Scores**

<b>SAT Exam Scores</b>	<input type="text"/>	Test Date	<input type="text"/>
	Verbal/Reading <input type="text"/>		Math <input type="text"/>
<b>ACT Exam Scores</b>	<input type="text"/>	Highest Composite Score	<input type="text"/>
<b>GRE Exam Scores</b>	<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, then 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**