

ADELPHI



Office of Pre-Professional Advising and Fellowships
NexusBuilding, Room 145
One South Avenue
Garden City, NY 11530

Pre-Health Composite Letter Application Checklist

___ Attend ~~please~~

___ have your application ID numbers, AMCAS, AACOMAS, VMCAS, OptomCAS or AADSAS

___ Current Resume (Word doc or PDF)

___ Transfer/Graduate Students Only Upload unofficial transcripts from other institutions post high school

___ Cumulative GPA at Adelphi (Must have fall grades if you ~~are~~ in the field of medicine?)

What motivates you to learn more about medicine? What do you want medical schools to know about you that has not been disclosed in other sections of the application? (Do not exceed 5,300 characters which include spaces)

[Dental School Applicants](#) - Why you want to pursue a career in dentistry? (Do not exceed 4,500 characters which include spaces)

[Veterinary Medicine Applicants](#) - Why you want to pursue a career in veterinary medicine? (Do not exceed 3,000 characters which include spaces)

(Do not exceed 4,500 characters which include spaces)

___ Letter of Recommendation Waiver Form File Name: First Name_Last Name

___ Consent to Release Information Form File Name: First Name_Last Name

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