MEDICAL & DENTAL SCHOOL
Applicant Instructions and Timeline

Applicants for medical/dental schools must provide the following Evaluation Documents for review and consideration by the MDSEC.

1. **Schools**: Provide a list of medical/dental schools (with addresses) to which you wish to apply. Include Texas schools, Non-Texas U.S. schools and international schools.

2. **Names / Contact Info for Letters of Evaluation**: Provide up to five (5) names with campus and email addresses and mailing address for off campus references. Three (3) of these should be faculty from the natural sciences. Additional letters of evaluation are optional, but recommended. One (1) can be a faculty member from another discipline, and one (1) can be a doctor or dentist working in their field. Submission of an evaluator’s name implies you have personally contacted them and they have agreed to provide the Office of Pre-Health Professional Advising (OPPA) with an evaluation for professional school. It is advisable to select evaluators who know you and who can speak to both your personal and academic qualities, and to choose evaluators with as great an academic diversity represented as possible. All evaluators should hold a terminal degree (PhD, MD, or DDS). The Office of Pre-Health Professional Advising will upload Evaluations and Letters to your medical/dental school applications.

3. **Resume**: Provide a typewritten professional resume in outline form to include your place and date of birth, hometown, education (including dates), chronological listing of your work experiences, and exposure as a volunteer or paid worker in a health profession, hobbies, extracurricular activities and honors. For volunteer activities, such as shadowing or community service, it is important to include the number of volunteer hours completed, the name of the supervisor you worked under, and a description of the volunteer activity. The more specific detail you can provide the better. Include a chronological accounting of all academic and extracurricular activities during high school and college (scholarships, honors, awards, participation in school organizations, work with volunteer organizations, community involvement, work on campus as a laboratory assistant, etc.). Essentially, you should itemize anything you feel pertinent to your evaluation. This is a professional document, reflecting careful preparation.

4. **Photo**: A color or black/white photo (2.5” x 3.25”) placed in the upper right corner of the resume so as not to obscure any information. Your photo should be professional-style; you should be dressed in interview attire, and your photo should include your head and shoulders only.

5. **Autobiography** (two pages in length): Elaborate on the development of your interest in the medical/dental field. What special support have you had while growing up or what unique adversities have you had to overcome? Touch on the important aspects of your resume, yet, let this autobiography fill in the blanks that an academic record and a resume do not reflect.

6. **Statement** (one page in length): Definitively answer “Why medicine or dentistry.” Prepare a brief statement suggesting why professional schools should be interested in you as a potential student. What do you bring uniquely to medicine or dentistry that is particularly worthy of consideration? Include any pertinent information that has helped in your decision to attend professional school. Do not reiterate from your Autobiography.

7. **Transcripts**: Provide current OFFICIAL SHSU transcript. Transcripts are for committee purposes only. Transcripts of **ALL** college work from each college or university attended must submitted with your medical or dental school applications.

8. **MCAT/DAT**: (not required) If desired, provide an official copy of your MCAT or DAT scores.

Evaluation Documents must be submitted to OPPA according to the timeline to allow timely preparation, review and evaluation of the applicant’s dossier. See attached for Timeline.