

# PODIATRY 3D WORKSHOP

Application

CALIFORNIA SCHOOL OF  
**Podiatric Medicine**  
SAMUEL MERRITT UNIVERSITY

## GENERAL INFORMATION

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Last First Mi.*

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State Zip Country*

**Mobile Phone:** ( ) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ **Please Check One:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**Optional Information:** The following information will be used for statistical purposes only

**Ethnic Background:**  
\_\_\_\_\_ Black/African American \_\_\_\_\_ Asian American/ Pacific Islander  
\_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ American Indian / Alaskan Native  
\_\_\_\_\_ White/ Caucasian (non-Hispanic) \_\_\_\_\_ Other: \_\_\_\_\_

## EMERGENCY CONTACT

**Contact in case of an emergency:** \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Mobile Phone: ( ) \_\_\_\_\_

## EDUCATIONAL BACKGROUND

**Primary College/University:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**Credits/Units Completed:** \_\_\_\_\_ Semester / Quarter Units (Circle one)

**Expected Degree Date:** \_\_\_\_\_

**MCAT Score** (if already taken): \_\_\_\_\_ **Date taken:** \_\_\_\_\_  
BS PS Verbal Writing Total

## PERSONAL STATEMENT

Personal Statement: Please attach a statement of 500 words or less describing why you are interested in the Podiatry 3D Workshop and what you hope to gain from the program.

## SUPPLEMENTAL MATERIAL

With this application, please provide the following:

- \_\_\_\_\_ Transcripts (Official or Unofficial) of all college level coursework completed to date
- \_\_\_\_\_ Completed recommendation form (*refer to page 3 of the application*) from a pre-health advisor or science faculty member.

Please return this application, copies of all transcripts, and the recommendation form to:

Andre Singleton  
Assistant Director of Admission  
California School of Podiatric Medicine  
Office of Admission  
3100 Telegraph Avenue, Suite #1000  
Oakland, CA 94609

### *Non-Discrimination Policy*

*Samuel Merritt University does not discriminate on the basis of sex, age, race, color, ethic or national background, handicap, religion, martial status, sexual orientation, or status as a veteran in the administration of employment, admission, financial aid, athletic, or educational program. Nondiscrimination is consonant with the principles and practices of the University and is required by Section 504 of the Rehabilitation Act of 1973; Titles I and III of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972; the Equal Pay Act of 1963, as amended by the Education Amendments of 1972; the Age Discrimination in Employment Act of 1967; the Age Discrimination Act of 1974, and various other federal, state and local statutes and regulations.*

**RECOMMENDATION FORM**

**To the Student:**

Please provide your name: \_\_\_\_\_

Please check one: \_\_\_\_\_ I do waive my right of access to this reference \_\_\_\_\_ I do not waive my right of access to this reference

**To the reference:**

How long have you known the applicant and in what capacity?

\_\_\_\_\_

Part I: please rate the following characteristics (please check one):

	Exceptional	Above Average	Average	Below Average	Unknown
Academic preparation					
Motivation and commitment to learning					
Discipline and ability to set priorities					
Interpersonal skills					
Oral communication skills					
Leadership abilities					
Critical thinking					
Integrity					

Based on your knowledge of the applicant, please indicate the strength of your recommendation:

\_\_\_ Recommend

\_\_\_ Do not recommend

*Note to reference: if you would like include additional comments, please feel free to attach a supporting letter of reference on the applicant's behalf. Typed letters done on a word processor are preferred.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Collegiate institution: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_