

PODIATRY **3D** WORKSHOP

Application

Full Name: _____ **Date:** _____
Last First

Address: _____
Street Address Apartment/ Unit#

City State ZIP Code

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

Emergency Information:

Contact in case of emergency: _____
Home phone: () _____
Mobile phone: () _____
Work phone: () _____ **ext:** _____

Education

Name of Primary College/University: _____

City/State: _____ **Credits/Units Completed:** _____

Major: _____ **Expected Degree Date:** ____/____/____

MCAT score (if already taken): _____

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 experience.

Signature: _____ Date: _____

I certify that the information contained in this application is true and complete to the best of my knowledge.

Letter of Reference

To the student: Please provide the following information:

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: _____

Supplemental Material

With this application, please provide the following:

- ____ Transcripts (official or unofficial) of all college level work completed to date.
- ____ Letter of recommendation from your pre-health advisor. Form is provided although an additional supporting letter is acceptable in lieu of this form.

Please return this application, copies of all transcripts, and a letter of reference to:

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

Applications must be received by **June 1, 2010**

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 Vietnam-era veteran in the administration of employment, admission, financial aid, athletic, or educational program.