# SCHREYER HONORS COLLEGE EARLY ASSURANCE PROGRAM FOR ADMISSION TO THE PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE

Please follow the instructions listed below.

- 1. Using the enclosed faculty recommendation forms, request that at least 3 Penn State faculty write letters of recommendation one letter from your honors adviser and two letters of recommendation from faculty acquainted with your potential for a career in medicine. Letters should be submitted on department letterhead to the Associate Dean's office by emailing a pdf to Rhonda R. Demchak, <a href="mailto:rrr11@psu.edu">rrr11@psu.edu</a>.
- 2. Before your early assurance application can be reviewed, three steps must be completed:
  - a) You must complete the enclosed Request for SHC Early Assurance Committee Evaluation Form and return it to the Associate Dean office by emailing a pdf to Rhonda R. Demchak, rrr11@psu.edu.
  - b) At least three faculty letters of recommendation must be received by this office.
  - c) You must schedule a time for a 30-minute interview with representatives of the SHC Early Assurance Committee by emailing Rhonda R. Demchak, <a href="mailto:rrr11@psu.edu">rrr11@psu.edu</a>. These interviews are generally conducted during mid- to late March and cannot be scheduled until steps (1) and (2) are complete.
- 3. The information you give us on the request form is only for committee use and the interview request form is not forwarded to the College of Medicine. Our office will forward both the compiled Early Assurance committee letter and the individual faculty letters of recommendation to the College of Medicine.
- 4. Questions may be directed to Associate Dean by emailing Rhonda R. Demchak, <a href="mailto:rrr11@psu.edu">rrr11@psu.edu</a> or by phone 814-865-4257.

## TIMETABLE FOR SHC EARLY ASSURANCE PROGRAM

# APPLICATION SHOULD BE MADE DURING THE SPRING SEMESTER OF THE SOPHOMORE YEAR

**March 1**<sup>st</sup> applicant completes and submits components of application which include:

- 1. An unofficial transcript
- 2. Completed Early Assurance Application.
- 3. A personal statement outlining your background, reasons for deciding on a career in medicine, and career goals.
- 4. Essay describing the additional education or training opportunities that enrollment in the Early Assurance Program at the Penn State College of Medicine will allow you to pursue.
- 5. Three letters of recommendation submitted directly to the Schreyer Honors College Associate Dean's office by emailing a pdf to Rhonda R. Demchak, rrr11@psu.edu.

**March 14 – 15** – Early Assurance Committee will review applications.

**March 20 – 24** – Early Assurance Committee will conduct interviews.

**Early-April** – Early Assurance Committee will forward a list of the best-qualified applicants to the Admissions Committee of the College of Medicine.

**June-July** – Applications are reviewed by the College of Medicine Admissions Committee and selected candidates are invited for an interview during early summer following the second year.

**August** – A decision is made, and written notification is sent to the applicant and the Schreyer Honors College. Up to five students from the Schreyer Honors College will be selected under this program.

### **Accepted Students:**

An honors adviser will be appointed at the College of Medicine who, with the undergraduate honors adviser at University Park, will help with academic planning and with procedures.

**Spring semester of Junior Year** – accepted students must take the Medical College Admissions Test (MCAT). Examination results are forwarded to the College of Medicine and the Schreyer Honors College.

**Junior Year** – accepted students must complete an American Medical School Application Service (AMCAS) application for central registration purposes. The fee for the application is waived by the College of Medicine.

**Fall Semester Senior Year** – visit the College of Medicine and meet with the Associate Dean for Admissions.

## THE PENNSYLVANIA STATE UNIVERSITY

Schreyer Honors College
Associate Dean
(email pdf to Rhonda R. Demchak, <a href="mailto:rrr11@psu.edu">rrr11@psu.edu</a>)

## REQUEST FOR FACULTY LETTER OF EVALUATION

#### TO BE COMPLETED BY STUDENT. PLEASE PRINT OR TYPE.

Student Name		PSU ID#				
Last	First	M.				
Major:		Semester Standing:				
Request faculty letter from:		·····				
	Name	Department				
Courses taken from this Profess context you know this letter writ						
your right to access you do not	have the right to read the evalu	to this confidential letter of evaluation lation once completed by the evaluato ter to provide a confidential letter.				
	eted by the evaluator. By exerc	waiving your right to access you have sising this option, you are telling the let				
Applicant's Signature	Date					
promise as an applicant for adn appraisal should be <b>sent direct</b> <b>Rhonda R. Demchak</b> , <u>rrr11@r</u> to assist the Early Assurance C	nission to the Early Assurance tly to Associate Dean, Schrey osu.edu, where it will be held a committee in preparing a summ	ase write an evaluation or assessmen Program: Penn State College of Medic rer Honors College, by emailing a pollong with other letters and academic in ary committee letter of evaluation. At the letters are sent as a compiled evaluation.	cine. Your df to nformation he student's			
above. <b>Please sign and date y</b>	our letter. Besides intellectual	I your candid evaluation of the student capacity, professional school admissionsible, abilities and qualities such as:				
Appearance Poise Maturity Leadership Independence Reliability	Self-discipline Self-confidence Curiosity Adaptability Tolerance Enthusiasm	Retention of informa Communicative skill Emotional Stability Relationship with ot Manual dexterity Moral character	ls hers			

Return pdf by emailing Rhonda R. Demchak at <a href="mailto:rrr11@psu.edu">rrr11@psu.edu</a>
C10 Atherton Hall
University Park, PA 16802
Schreyer Honors College Early Assurance Committee

# The Pennsylvania State University Schreyer Honors College

Office of the Associate Dean
Early Assurance Evaluation Committee
(email pdf to Rhonda R. Demchak, rrr11@psu.edu)

# REQUEST FOR COMPILED EARLY ASSURANCE COMMITTEE EVALUATION (Committee use only)

Signatory for FERPA compliance for Transmitting Early Assurance Committee Evaluation Letter, Faculty Letters of Recommendations and Access to Early Assurance Committee Evaluation Letter.

I authorize the Schreyer Honors College to transmit such information and letters of recommendation in support of my application to the Pennsylvania State University College of Medicine. I release Penn State University and its individual staff members from civil liability for any damages sustained by me by reason of their respective functions and services in fulfillment of this request.

Please make one selection:

( ) I hereby voluntarily waive and r letter of evaluation. By waiving you completed by the committee.						е
( ) I retain my right of access to thi your right to access you have the						/ing
Signature:		Printed Name:				
Date:	_					
	Ple	ease Type o	r Print			
Name:	First	Mid	dle	PSU ID#:		
Local Address:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		Phone #:		
Home Address:Street	City	Sta	te/Zip	Phone #:		
E-Mail Address		_		Date of Birth:		
Best Single Day SAT Scores: Ma	thematics	Critical l	Reading	Writing	_	
Rank in High School Graduating C	class	of				
<u>Name</u>		<u>Age</u>	Educa	ation_	<u>Occupation</u>	
Father						
Mother				<del></del>		
Brothersand/or Sisters						
				· · · · · · · · · · · · · · · · · · ·		

Our committee requests this information because it is requested on health professional applications and is a frequent point of discussion during school interviews. Your inclusion of this information is voluntary, and our office will handle this information with sensitivity and confidentiality.

# The Pennsylvania State University Schreyer Honors College

Office of the Associate Dean
Early Assurance Evaluation Committee
(email pdf to Rhonda R. Demchak, rrr11@psu.edu)

## REQUEST FOR COMPILED EARLY ASSURANCE COMMITTEE EVALUATION (For committee use only)

List below in chronological order, from past to present, your various activities and interests throughout <u>high school and college</u>. Where applicable include date or duration of activity, e.g. June 2019 – August 2019 and please include hrs/wk for jobs and shadowing/volunteer experiences. If necessary, you may attach a sheet following the same order of items. **Note: Résumés are not sufficient.** 

Extracurricular Activities, including offices held; study abroad; co-op, etc. **Honor Societies:** Athletic Activities: Hobbies or Unorganized Activities: Part-time Jobs during School: Summer Jobs: Association you have had with Health Professions, e.g. family ties, volunteer work, summer jobs, etc. Please attach the following: Personal Statement outlining your background, reasons for deciding on a career in medicine, and career goals.

In an essay of not more than 500 words, describe the additional education or training opportunities that enrollment in the Early Assurance Program at the Penn State College of Medicine will allow you to pursue.