



ADMISSIONS COMMITTEE INTERVIEW FORM

**Please return with file to Admissions Office MC 9624
Within FIVE Days after interview dates!**

INTERVIEWER: _____ **INTERVIEW DATE:** _____

APPLICANT: _____

1. **Relevant Biographical Information:** (Age, Hometown, Parent Info, Undergrad/Graduate Institution, Current Status, Disadvantaged Status, Investigation of Medicine)

2. **Academic Information:** (MCAT/GPA/Transcript Review)

MCAT Scores/History:

Review of Transcript:

3. **Activities:** (Extracurricular, Work, Volunteer, Research, Hobbies, etc.)

4. **Review Of Supplemental Application:** (Legal Issues? Self-Directed Learning?)

5. **General Interpretation Of Letters Of Recommendation:** (Red Flags?)

6. Communication Skills:

Verbal: Excellent _____ Very good _____ Average _____ Fair _____ Weak _____
Written: Excellent _____ Very good _____ Average _____ Fair _____ Weak _____
Optional Comments: _____

7. Knowledge Of And Relation To SIUMED: (Are applicant's goals compatible with our mission?)

8. Recommendation And Summary:

_____ ACCEPT WHEN PLACE AVAILABLE _____ PROSPECTIVE REAPPLICANT
_____ RANKED ALTERNATE _____ DENY
SUMMARY: