The Columbia University Postbaccalaureate Premedical Program is the oldest and largest program of its kind in the United States, allowing students who have taken none or only some of the basic science courses required for admission to complete the academic prerequisites for admission to schools of allopathic medicine, osteopathic medicine, dentistry, veterinary medicine, and graduate programs in allied health fields such as physical therapy, occupational therapy, and physician's assistant programs. Postbac Premed students are taught alongside all other Columbia University undergraduates by Columbia's internationally-recognized science faculty. Students are also assigned a dedicated academic advisor who provides guidance about the medical school application process. Finally, living in New York City, students have access to the largest municipal hospital system in the United States which provides a network of opportunities for practical clinical and research experience.

**Application Overview**

To be eligible for admission to the Postbaccalaureate Premedical Program, students must hold the degree of Bachelor of Arts or Bachelor of Science from an accredited college or university in the United States.

Applicants with foreign credentials equivalent to a bachelor's degree from an American college or university may be admitted to the Postbaccalaureate Premedical Program. U.S. medical schools, however, prefer applicants who received their undergraduate training, especially in the premedical sciences, from institutions of higher education in the United States. In some cases it may be necessary for international students to complete a bachelor's degree in the United States before applying to medical school.

All international students should be aware that they may need to repeat previous work in the sciences and that they must ordinarily complete at least one year of college English at Columbia.

Applicants who are not native speakers of English must also take the ALP Essay Exam, administered by the University's American Language Program, and some students may be required to complete coursework in English before being allowed to begin the premedical curriculum.

In making its decisions, the Admissions Committee considers the rigor and quality of the undergraduate curriculum a student has pursued and looks for evidence that a student has developed the academic abilities to meet the demands of the program. At a minimum, applicants to the Postbaccalaureate Premedical Program must possess an overall cumulative GPA of 3.0; most successful applicants, however, have an average GPA of 3.65.

Ordinarily, students are not eligible for admission if they have completed most or all of the required premedical courses, applied to medical school within the past two years, or if they have taken the MCAT.

While no specific coursework is required for admission to the program, academic performance is expected to be outstanding. All applicants should be prepared to carry substantial course loads and plan to maintain GPAs of 3.0 or higher to remain in good academic standing. Successful medical and veterinary school applicants have GPAs of 3.5 or higher.
**ADMISSIONS REQUIREMENTS**

The following items are required to complete an application for admission to the Postbaccalaureate Premedical Program:

1. A completed application, using either of two methods:
   - submitting an online application by visiting gs.columbia.edu/postbac.
   - submitting this paper application.

2. A nonrefundable application fee of $80 in the form of a check or money order, payable to Columbia University.

3. An official* copy of the high school transcript. **Documents not in English must be accompanied by certified translations.**

4. An official* copy of the college transcript, showing the award of the bachelor's degree. **Documents not in English must be accompanied by certified translations.**

5. Official* transcripts of work at all other colleges, professional schools, or universities attended, whether before earning the bachelor's degree or subsequently. ETS codes can be found on the Educational Testing Service website, www.ets.org.

6. Official* scores from any standard admission tests taken, such as the TOEFL, SAT, ACT, GRE, GMAT, or LSAT. Please note that you cannot send official score reports for graduate exams (LSAT, GRE, MCAT, GMAT) to the School of General Studies. As a result, please request official score reports for any graduate exams be sent directly to you and then submit them in the sealed envelope to the Office of Admissions. SAT or ACT scores should be sent directly to the School of General Studies (ETS code 2095, ACT code 2716).

7. A double-spaced essay of approximately 500 words.

8. Letters of recommendation, while not required, may be submitted with your application for admission.

*Official documents are those that arrive in a sealed envelope directly from the institution or testing service.

**APPLICATION DEADLINES**

Applications must be submitted no later than the following deadlines:

Fall (Early Action): February 1
Fall (Regular Decision): June 15
Spring: November 1
Summer: April 1

**IMPORTANT CONTACT INFORMATION**

Columbia University School of General Studies
Office of Admissions
408 Lewisohn Hall, MC 4101
2970 Broadway
New York, NY 10027
(212) 854-2772
gs.columbia.edu/postbac

Educational Testing Service (SAT)
(609) 921-9000
www.ets.org

American College Testing Program (ACT)
(319) 337-1270
www.act.org
APPLICATION FOR ADMISSION

AREA OF STUDY (SELECT FROM)

- Premedical
- Predental
- Preveterinary
- Preosteopathic
- Prehealth (specify field)
- Predental
- Prehealth (occupational therapy)
- Preveterinary
- Prehealth (physical therapy)
- Preosteopathic
- Prehealth (physician assistant)

ENTRY TERM

- Spring (Admission Deadline: November 1)
  Year ____________
- Summer (Admission Deadline: April 1)
  Year ____________
- Fall
  - Early Action (Admission Deadline: February 1)
    Year ____________
  - Regular Decision (Admission Deadline: June 15)
    Year ____________

NAME

First (Given)    Middle    Last (Family)    Suffix

All Previous Surnames/Maiden Names

BIOGRAPHICAL INFORMATION

Sex        Date of Birth (Month, Day, Year)        Birth City        Birth State        Birth Country

Marital Status

ADDRESSES

PERMANENT ADDRESS    MAILING ADDRESS

Street Address        Street Address

Street Address        Street Address

City        State        Country        Postal Code        City        State        Country        Postal Code

Valid From (Optional)        Valid Until (Optional)

EMAIL ADDRESS

TELEPHONE NUMBERS (INCLUDING +COUNTRY CODE)

Home        Work        Mobile

CITIZENSHIP INFORMATION

Primary Citizenship: ____________________________        Dual Citizenship: ____________________________
Residency Status: U.S. Permanent Resident  ☐ Yes  ☐ No        Social Security Number: ____________________________
If yes, Green Card Number: ____________________________        Current Visa Type: ____________________________
RACE/ETHNICITY

Colleges and universities are asked by many groups, including the federal government, accrediting associations, college guides, and newspapers, to describe the ethnic/racial backgrounds of their students and employees. In order to respond to these requests, we ask you to answer the following two questions.

Are you Hispanic or Latino?  ○ Yes  ○ No
  ○ Chicano/Mexican American  ○ Dominican
  ○ Puerto Rican  ○ Other: _________________________

Regardless of your answer to the prior question, please check one or more of the following groups in which you consider yourself to be a member:

○ American Indian or Alaska Native  ○ Alaska Native  ○ Native American/American Indian  Tribal Affiliation: __________________________
  Enrollment Number: _________________________

○ Asian  ○ Asian/Asian American  ○ South Asian  ○ Southeast Asian

○ Native Hawaiian or Other Pacific Islander  ○ Hawaiian Native  ○ Pacific Islander

○ Black or African American
  ○ White  ○ Caucasian/White  ○ Middle Eastern

LANGUAGE PROFICIENCY

Is English your first language?  ○ Yes  ○ No

If no, what is your primary language? ________________________________________________

Was English the primary language of instruction for your high school or secondary school?  ○ Yes  ○ No

Which languages, other than English, do you speak fluently? __________________________________

EDUCATIONAL BACKGROUND

You must list and send official transcripts from all high schools, colleges, and graduate institutions previously (or currently) attended. Please list and have official transcripts sent from all of the following schools you have previously attended or are currently attending. An official transcript is defined as one sent directly to us from the issuing school in a sealed envelope. Please do not recalculate your GPA and do not report if it is not printed on your transcript. See item five under Application Requirements regarding school codes.

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<tr>
<th>INSTITUTION</th>
<th>City/State/Country</th>
<th>Dates attended (Month, Year to Month, Year)</th>
<th>Level of Study (H.S., Undergraduate, Graduate)</th>
<th>Degree</th>
<th>Date Conferred or Expected</th>
<th>Field of Study</th>
<th>GPA (e.g., 4.0, 4.3, 5.0, 15, 100)</th>
<th>Date Transcript Ordered (Month, Date, Year)</th>
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### INSTITUTION

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<th>Degree</th>
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<th>GPA (e.g., 4.0, 4.3, 5.0, 15, 100)</th>
<th>Date Transcript Ordered (Month, Date, Year)</th>
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Please list all college-level science courses you have taken or are currently enrolled in.

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<thead>
<tr>
<th>COURSE NAME</th>
<th>Institution</th>
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<tr>
<td>COURSE NAME</td>
<td>Institution</td>
<td>Semester</td>
<td>Grade</td>
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**DID YOU GET A GED?**  
☐ Yes  ☐ No  
If yes, state: _____________________  
Score: _________  
Date (Month, Day, Year): _________________

### STANDARDIZED TESTS

All self-reported scores will be considered unofficial. Applicants will still need to submit official scores, which must be sent directly from the testing service to the Office of Admissions.

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<th>ACT</th>
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<th>Composite</th>
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<th>Verbal Score</th>
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<td>AWA Score</td>
<td>Percentile</td>
<td>Integrated Reasoning Score</td>
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<th>Quantitative Score</th>
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| IB | Subject | Test Date (Month, Day, Year) | Score |
|----|---------|------------------------------|-------|------------|
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<td>PTE</td>
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<td>SAT I</td>
<td>Test Date (Month, Day, Year)</td>
<td>Combined (Cr+M+W)</td>
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<td></td>
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<td>SAT II</td>
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<td>Test Date (Month, Day, Year)</td>
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<td>Structure/Written Expression</td>
<td>Test of Written English</td>
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### Professional and Volunteer Experience

Please add your professional and volunteer experiences below. In addition to listing experiences below, please also feel free to attach a resume or C.V. to your application.

<table>
<thead>
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<th>ORGANIZATION NAME</th>
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<th>State</th>
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<td>Industry</td>
<td>Description</td>
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### Are you a U.S. Veteran?

☐ Yes ☐ No

If yes, please list your branch of service.
HAVE YOU SERVED IN A FOREIGN MILITARY?  ○ Yes  ○ No

If so, please list the country. ________________________________

ADDITIONAL INFORMATION

STUDENT INFORMATION

Have you previously applied to the Postbaccalaureate Premedical Program?  ○ Yes  ○ No

Have you ever applied to a U.S. medical school?  ○ Yes  ○ No

If yes, please list the month and year. ________________________________

Have you ever been subject to disciplinary action for academic performance or conduct at any of your previous institutions?  ○ Yes  ○ No

If yes, please attach an explanatory note.

TO WHAT OTHER PROGRAMS ARE YOU APPLYING? (Your answer will in no way influence the admissions decision.)

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**FAMILY**
If these lines do no permit you to present your complete family circumstances, please do so on a separate piece of paper.

**HOUSEHOLD INFORMATION**
Parents’ marital status (relative to each other)  ☐ Married  ☐ Divorced  ☐ If divorced, what year? _____________
With whom do you reside? (Parent 1 & 2, Parent 1, Parent 2, Legal Guardian, Independent, Spouse/Partner, Other) _____________
Are you considered financially independent?  ☐ Yes  ☐ No

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<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
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<td>U.S. Citizen  ☐ Yes  ☐ No</td>
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<td>Graduation Year</td>
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<td>Living?  ☐ Yes  ☐ No</td>
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<td>Former Last Name</td>
<td>Suffix</td>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth City</td>
<td>Birth State</td>
<td>Birth Country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Citizen  ☐ Yes  ☐ No</td>
<td>College/University Attended</td>
<td>Graduation Year</td>
<td>Degree</td>
<td></td>
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<tr>
<td>Living?  ☐ Yes  ☐ No</td>
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</tbody>
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<table>
<thead>
<tr>
<th>MAILING ADDRESS:</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Country</th>
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</thead>
<tbody>
<tr>
<td>Postal Code</td>
<td>Preferred Phone Type (Cell, Home, Work)</td>
<td>Phone Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td>Industry</td>
<td>Employer</td>
<td>Title/Position</td>
<td></td>
</tr>
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</table>
**IS SOMEONE OTHER THAN A PARENT YOUR LEGAL GUARDIAN?**  ○ Yes  ○ No

<table>
<thead>
<tr>
<th>Relationship to You</th>
<th>Salutation</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
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<tr>
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<th>Industry</th>
<th>Employer</th>
<th>Title/Position</th>
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</table>

**SPOUSE/SIGNIFICANT OTHER**  

<table>
<thead>
<tr>
<th>Salutation</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Industry</th>
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<th>Title/Position</th>
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</thead>
</table>

**DEPENDENTS OF PARENTS/GUARDIAN**

**DEPENDENT 1**  

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Relation to You</th>
<th>Age</th>
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</thead>
</table>

**DEPENDENT 2**  

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Relation to You</th>
<th>Age</th>
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</thead>
</table>

**DEPENDENT 3**  

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Relation to You</th>
<th>Age</th>
</tr>
</thead>
</table>
EMERGENCY CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Daytime Telephone</th>
<th>Evening Telephone</th>
<th>Email Address</th>
</tr>
</thead>
</table>

| Street Address | City | State | Country | Postal Code |

OTHER FAMILY

FAMILY MEMBERS WHO HAVE GRADUATED FROM OR ARE ATTENDING COLUMBIA UNIVERSITY

<table>
<thead>
<tr>
<th>NAME</th>
<th>Relationship</th>
<th>Division</th>
<th>Degree</th>
<th>Degree Year</th>
</tr>
</thead>
</table>

EMPLOYMENT AT COLUMBIA UNIVERSITY

MEMBERS OF YOUR IMMEDIATE FAMILY WHO WORK FOR COLUMBIA UNIVERSITY OR ITS AFFILIATES

Are you an employee of Columbia University or its affiliates?  ○ Yes  ○ No

If yes (Division, Title): ________________________________

Do you have members of your immediate family who work for Columbia University or its affiliates?  ○ Yes  ○ No

If yes (Division, Title): ________________________________

RELATIVE ONE

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Division</th>
<th>Title</th>
</tr>
</thead>
</table>

RELATIVE TWO

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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</table>

ESSAY

On a separate page, please submit an essay of approximately 500 words discussing your decision to pursue a career in medicine or an allied health profession. A successful essay will not only describe the factors that contributed to your decision, but will give us a sense of you as an individual by discussing why you want to pursue this career and how you feel you will contribute to the profession.

PLEDGE

I certify that all the information I have provided is complete and accurate.

_________________________________________  __________________________
Signature                                      Date
To be completed by applicant before giving to recommender. Give one of these forms to each of the two recommenders you select. Ask the evaluator to write a letter and attach it to this form. Instruct the evaluator to enclose the letter in an envelope, sign it across the seal, and return it to you. Do not open this envelope or break the seal. Submit the sealed envelope containing your letters to the Office of Admissions and Educational Financing.

Applicant's Last (Family) Name  First Name  Middle Name  Date of Birth (mm/dd/yyyy)

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), which gives registered students the right to inspect and review their educational records, students may waive the right to see specific confidential statements and letters of recommendation. In the belief that applicants, and the persons from whom they request recommendations, may wish to preserve the confidentiality of those recommendations, we are giving you an opportunity to sign one of the following statements:

☐ I waive the right to examine this letter
☐ I do not waive the right to examine this letter

SIGNATURE  DATE  SIGNATURE  DATE

LETTER OF RECOMMENDATION
TO BE COMPLETED BY THE ACADEMIC/PROFESSIONAL EVALUATOR

1. How long have you known the applicant?

2. In what capacity do you know the applicant?
   - Student
   - Academic Advisor
   - Employee
   - Intern
   - Friend
   - Other

3. How do you rank this student in comparison with the students you have taught or worked with?
   - Extraordinary (One of the best I have worked with)
   - Exceptional (Top 5%)
   - Outstanding (Top 10%)
   - Superior (Top 15%)
   - Above Average (Top 25%)
   - Average (Top 50%)
   - Below Average (Lower 50% but recommended)

4. On a separate sheet or letterhead please provide an evaluation of this applicant's qualifications for Postbaccalaureate work in a rigorous academic program. Please compare the applicant with others known to you. This evaluation is to be mailed to the address above, or given to the applicant in a sealed envelope; the letter will be submitted unopened by the applicant with his or her application. Deadline for receipt of letters is April 1 for Summer Applicants, February 1 for Fall Early Action applicants, June 15 for Fall Regular Decision applicants, November 1 for Spring applicants. Thank you.

NAME OF EVALUATOR
TITLE OF EVALUATOR
INSTITUTIONAL AFFILIATION
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