A TOOL-KIT FOR REAPPLICANTS
TO SCHOOLS OF MEDICINE, DENTISTRY,
AND VETERINARY MEDICINE

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Dear Prospective Reapplicant,

To apply to medical, dental, or veterinary school and not gain admission can be a great disappointment after all the work you have devoted to your studies and fieldwork, not to mention the application process itself. Though no one will feel it as keenly as you do, you may be sure that your advisor and the Premedical Committee share your disappointment in the outcome. We also continue to have faith in your potential to gain admission to study in the professional field of your choice. It will, however, take some careful thought and further hard work on your part to do so.

Incidentally, you are not alone as a (prospective) reapplicant. Every year, there are a few General Studies undergraduate and Postbaccalaureate Premedical applicants who are unable to gain admission to a school in one of the health professions, despite their qualifications. There is no one reason why this happens. Sometimes an applicant’s grade point average or standardized test score is low. Or the cumulative grade point average may be adequate, but the transcript reveals a downward trend over time. Sometimes, the applicant’s record is fine, but (s) he compromised the application by submitting it late. Sometimes applicants have not clearly explained their motivations for a health care career in their personal statements. Or perhaps there is insufficient experience outside the classroom to lend credibility to their avowals of interest in the designated field. Similarly a lack of knowledge about issues in health care may suggest to an admissions committee the applicant’s lack of interest in the profession itself. Furthermore, while some applicants may have proven their scientific acumen, they may have done little to demonstrate their interest in and receptivity to other people—especially people unlike themselves—and their capacity to communicate empathy to persons who are suffering or in need. Sometimes an applicant is a chronically poor interviewee. Some applicants may have been unrealistic in the number or the choice of schools to which to apply. Occasionally an application may fail because of a combination of these and other reasons. Every now and then, there may be no readily discernible reason for the lack of acceptances, other than that the application process is extremely competitive (in a recent application year, less than 60% of all first-time applicants nationwide matriculated at a medical school). Indeed, as the ratio of applications to openings in an incoming class continues to grow each year, the stigma of being a reapplicant has diminished. It is our experience generally that well-prepared, thoughtful applicants who submit their reapplications in a timely way have reasonably good success in gaining admission to a school in the field of their interest.

The important thing is to do a thorough and fair assessment of you as an applicant, rather than to become ensnared in doubts about yourself. The purpose of the following reapplicant’s tool kit is to guide your thinking about a reapplication.

Reapplication is not to be undertaken lightly. It is too costly and time-consuming for that. Any student contemplating a reapplication ought to do a little reality testing. Is a reapplication worth the additional time? Is it worth the additional expense? Will reapplying interfere with other life plans or personal relationships? Are you still as certain of the rightness of fit between you and a career in your chosen field as you were when you applied? Have you reckoned with the possibility that you might reapply and still not gain admission? Have you thought carefully about the best time to reapply?

It is our recommendation that you not reapply until you are confident that you have addressed any weaknesses in your initial application. When you reapply, you want to come across as “new and improved,” rather than as the same applicant one year older. Do not assume that reapplying immediately is in your interest. Mere persistence gains you nothing here and might cost you a lot.
When you reapply, admissions committees will look for evidence of positive change and growth. If they do not find it, they will quickly write you off. The viability of a second reapplication (even one with a markedly improved record) is far more marginal than a first.

The questions we posed above provide the basis for the Supplementary Committee Application that follows. While some of the questions on the supplementary application require cut-and-dried responses (and, to that extent, seem easy), others will ask you to think long and hard. All this supplementary information will help the Premedical Committee as it looks to renew its support of your application. We hope that writing out your answers will be as useful to you in the pursuit of your goals as it will be to us in supporting you. We invite you to consult with your advisor as you continue to develop your plans and we wish you every success in realizing them.

Sincerely,

The Premedical Committee

Note: For the sake of economical phrasing in the material that follows, we favor the terms “medical school,” “MCAT,” and “AMCAS,” but always have in mind the parallel terms for the other professions for which significant numbers of our students also apply (dental school/DAT/AADSAS; veterinary school/GRE/VMCAS). We beg the indulgence of those of you aspiring to either of the latter two professions.
SUPPLEMENTARY COMMITTEE APPLICATION
Instructions for Reapplicants to Health Professional School

Important Instructions Regarding Your Supplemental Application for Committee Support
Keep this instruction page handy. Do not turn it in with your application.

Failure to follow the specified directions could result in the delay of your letter. If you need clarification, please contact your advisor.

Instructions:

• Please assemble the following materials, as specified below, and place in an envelope.
• Double-check to make sure you have completed all sections and signed in all the necessary places.
• On the envelope write: Premedical Committee, Attn: [name of your premed advisor].
• Deliver to the Postbac Premed Office in 403 Lewisohn Hall by the deadline indicated on the Reapplication Timeline.
• Make copies for your file of everything you submit in the application.
• Do not staple materials together.
• Do not laminate these materials.
• Do not put them in a binder or a folder.
• Do not include anything not requested or required.

Application materials should be assembled as specified below, collated and placed in the envelope in the order specified below. An asterisk next to the item indicates that there is a specific form that must be completed and returned.

1. *Supplemental Application Cover Page: Complete this page carefully and legibly.
2. *Background Information and Personal Data (Update): Complete this page carefully and legibly.
4. Supplementary Committee Application: Except where we ask you to attach documents or insert information into tables or blanks, your responses to questions (7-13) should be typed, double-spaced; be printed single-sided and include your name as a header. Each response should be preceded by the pertinent question number. Pages should be serially paginated and stapled together.
   A note on length: Your responses to questions 7-9 and 11-13 need not be longer than one page.
   Your response to question 10 ought to be at least two pages in length, but no more than three pages long. Finally, the responses should be placed in the envelope in the numbered order corresponding to the number of the essay question.

An individual recommendation letter waiver form should accompany each letter sent to the Premedical Office.

Please have any new health care volunteer hours verified for our office. You are not required to use the form included with this kit. A memo on hospital letterhead stationery is perfectly acceptable.
SUPPLEMENTARY COMMITTEE APPLICATION

Cover Page

For students reapplying to:

☐ Medical School
☐ Dentistry School
☐ Veterinary Medical School

For the Entering Class of: ________________

Name: __________________________________________________________________

UNI: ___________________________________________________________________

Alumnus/a of:  ☐ the Postbac Program  ☐ the Undergraduate Program (check one)

AMCAS/AACOMAS/AADSAS/AAVMC ID: ______________________

Letter ID (AMCAS only): _______________________

Have you ever been the subject of a disciplinary process as student? No ☐ Yes ☐

If yes, please explain the nature of the process and the outcome on a separate sheet. The Premedical Committee may require an explanation from the institution as well.

Have you ever been convicted of a felony or experienced any legal issues that may influence the decision of a medical school admissions committee?

☐ Yes ☐ No

If yes, please explain the nature of the infraction and the outcome on a separate sheet.

Have you taken the MCAT? ☐ Yes ☐ No

If yes, please indicate the dates and scores:

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<th>Date</th>
<th>Verbal</th>
<th>Biological</th>
<th>Physical Science</th>
<th>Writing</th>
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Do you plan to retake the MCAT? ______ If so, when _______________________

Please specify when you previously applied to medical school or another health care program as a GS student:

I certify that all the information I submit as part of my application is true and correct to the best of my knowledge.

__________________________________________
Signature

__________________________________________
Date
SUPPLEMENTARY COMMITTEE APPLICATION
Background Information and Personal Data

For the Entering Class of: ______________

Name: _________________________________ ____________________________

Alumnus/a of: □ the Postbac Program  □ the Undergraduate Program (check one)

UNI: _______  current e-mail address: _______________________________

Phone number(s): ______________________________________________________

Home address: ________________________________________________________

State of legal residence: ________________________________________________

Are you a U.S. citizen? Yes ☐  No ☐

If no, what country are you a citizen of? __________  U.S. visa status: __________

We are interested to hear about any significant changes in your life and in the lives of your
spouse/partner, children, parents, or siblings since your previous application to the Premedical
Committee. These might include changes in professions and educational attainments, birth or death.

________________________________________________________________________

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SUPPLEMENTARY COMMITTEE APPLICATION
Questionnaire

I AM REAPPLYING FOR THE ENTERING CLASS OF: ______________

This information is for Postbac Premeds and GS undergraduate premeds who previously applied to medical school with committee support. It therefore assumes that you have met the eligibility requirements for a committee letter. If that is not the case, then you cannot submit the information elicited below with the expectation that the Premedical Committee will consider supporting your reapplication. Furthermore, eligibility for committee support will not extend beyond three applications to medical school (not including a linkage application).

1. Please attach a copy of the page of your previous AMCAS application that shows your verified grade point averages and MCAT scores and the application submission date.

2. If you completed additional course work since your prior application, please list this in the table below (attach a sheet, if necessary). Please have transcripts for any course work you complete outside Columbia University sent to the Postbac Premed Office.

<table>
<thead>
<tr>
<th>Course name</th>
<th>Grade</th>
<th>Semester</th>
<th>Institution</th>
<th>Credits</th>
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<tbody>
<tr>
<td>Ex. Genetics</td>
<td>B+</td>
<td>Spring 2010</td>
<td>Columbia</td>
<td>3</td>
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</table>

3. Are you enrolled now in any courses in progress? If so, please provide us with the information requested in the table below.

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<th>Course name</th>
<th>Semester</th>
<th>Institution</th>
<th>Credits</th>
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4. To how many schools did you apply? ______________________

5. Did you receive secondary applications? If so, how many did you complete? ________ In the table below, please indicate (if you can) which secondary applications you completed and returned and the approximate dates on which you sent them in (you are welcome to attach a sheet if you need additional space).

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<th>Secondary application</th>
<th>Submission date</th>
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6. Were you invited in for interviews? Where and on what dates? (You are welcome to attach a sheet if you need additional space.)

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<th>School at which you interviewed</th>
<th>Interview date</th>
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</table>
7. Can you provide any specific recollections about individual interviews? Were there interviews that went well? Were there interviews that did not go so well?

8. When you chose the schools to which you applied previously, what reference materials, other resources, or personal contacts did you rely on? Apart from the outcome of the application, do you feel it was a good list? How might you alter it as a reapplicant with an eye toward improving your chances of admission?

9. Try to look at your previous application (transcripts, common application, and secondary applications) objectively or through the eyes of an admissions officer: are there any problem areas or red flags in your record? If so, what are they? Did you address them in your applications? How?

10. What did you do during your application year? Please bring us up to date on your life since your prior application to medical school. We would like to hear about any further studies you have undertaken, jobs, health care positions (paid or volunteer), laboratory experiences, travel, life changes and rites of passage (e.g., marriage, birth of a child), publications. If you have completed further course work outside Columbia University, whether or not it was in a degree program, you must have transcripts mailed to the Postbac Premed Program Office.

11. How are you a different applicant this year from last year?

12. Are you reapplying to programs in the same health profession or a different one? What is your rationale for your choice?

13. Why do you feel this is the proper time to reapply? How have your experiences since your previous application helped to make you a stronger and better applicant?
Verification of Clinical and Research Work

**Student Instructions:** Please complete the top half of this form, and then give this form to your supervisor who may submit the form by mail, email or fax.

Postbaccalaureate Premedical Program  
Columbia University School of General Studies  
404 Lewisohn Hall, MC 4109  
2970 Broadway  
New York, NY 10027  
Fax: (212) 854-7257, Attention: Postbac Premed Program  
**Email:** gpostbac@columbia.edu **Subject:** Clinical and Research Work Verification

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**Student Name:** __________________________________________________________

**Name of Institution, Department, Division, and Program:**  
________________________________________________________________________

**Position Description:** ______________________________________________________

________________________________________________________________________

**Start Date:** _______________________ **End Date:** ________________________

**Supervisor Name:** ________________________________________________________

**Completed Hours:** _______________  This position is   ☐ paid   ☐ volunteer

**Student’s Signature** ______________________________________________________

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**Information for Supervisors:** To be eligible for our premedical committee letter, students are required to document the completion of clinical or research work either volunteer or paid. On occasion, it is necessary for the student to complete these hours at more than one site. We hope that you will be willing to complete this form, even where the student has not completed enough hours to be eligible for your own letter.

**Requirements:**  
Columbia Postbac Premed students: 120 hours (minimum)  
Columbia University School of General Studies undergraduate premeds: 80 hours (minimum)

This form is provided for your convenience in communicating with our office about a student’s work hours. Thank you for your supervision of this future health care professional.

**Name:** _____________________________ **Title:** __________________________________

**Phone Number:** ______________________ **Email Address:** __________________________

**This is to verify that the student named above has completed to date a total of _______ hours of work in clinical settings at our hospital/institution and under the direction of our office.**

**Your signature** _____________________________ **Date** _____________
SUPPLEMENTARY COMMITTEE APPLICATION

Recommendations List

Name of Reapplicant: ______________________________________________________

Columbia Email Address: ___________________________________________________

☐ Postbac   ☐ GS undergrad

Anticipated medical school entry year: _______________________________________

Instructions

We require at least one new letter of recommendation for a prospective reapplicant. You are welcome to submit more, but unless a substantial amount of time has elapsed since your prior application, or substantial life experience has occurred, it’s not worth the time to get more than two or three.

Any new letter should bear on studies, work, or other activities undertaken since you submitted your previous application. Please provide the name of any new referee below. As previously, you must provide your referee with a completed waiver form which should accompany the recommendation letter when it is sent in. The decision on this waiver must be consistent with your previous decision or else we cannot use the letter. We will not accept letters delivered by the subject of the letter. Letters should be mailed to us (the mailing address is on the waiver form), unless the author is on or near campus and prefers to hand-deliver it.

Referee’s name   Department or Institution

1. ____________________________  ________________________________

2. ____________________________  ________________________________

3. ____________________________  ________________________________

4. ____________________________  ________________________________

5. ____________________________  ________________________________
Recommendation Letter Waiver Form

Name of Applicant______________________________________________________________

Columbia Email Address _________________________________________________________

Applying to schools of ______________________ (medicine, dentistry, veterinary medicine)

Name of recommender ___________________________________________________________

If requesting a letter from an instructor, you must complete the following section:

Course Number   Semester and Year Completed  Institution
__________________  __________________            __________________

To the recommender: Thank you so much for agreeing to write a letter on behalf of one of our GS students. Please keep in mind the following guidelines when preparing your letter:

• Print your letter on institutional letterhead.
• Address the letter generically to “The Admissions Committee” not to a specific school, as the letter may be sent to multiple schools.
• Incorporate reference to the type of program for which you are recommending the student (see above), e.g., medical, dental, veterinary school or another allied health program.
• Try to limit your remarks to a single typed page.
• Describe how long and the circumstances under which you have known the applicant and evaluate his or her performance. Give examples to illustrate your assessment.
• If the applicant has been your student, it is helpful to have your comments on the student’s academic performance especially in comparison to others in the class or to other premedical students you have previously recommended for medical school. Reference to lab work, exam scores, and class participation is pertinent.
• Please limit your comments to the context in which you observed or worked with the applicant. You do not need to comment on the applicant’s activities outside of your purview.
• Your letter will remain confidential if the student has checked (A) above. Remember to attach this waiver form with this letter. Your letter and the waiver form should be mailed to:
  Columbia University Postbac Premed Program Office
  404 Lewisohn Hall, Mail Code 4109, 2970 Broadway
  New York, NY 10027

To the applicant: You must check either (A) or (B) below. The Federal Family Education Rights and Privacy Act of 1974, as amended, provide students with the right of access to educational records. In the case of recommendations, you may waive that right. Give this form to the recommender with a stamped envelope addressed to the GS Premedical Office (see below).

_____ (A) I hereby waive my right to examine this recommendation and attest that I shall not seek access to it either while a student at Columbia or subsequently.

_____ (B) I retain my right to examine this recommendation.

_____________________________________________  __________________________
Signature of applicant       Date
Provided that you have submitted all of your materials by June 30, the Premedical Committee will have your committee packet prepared for medical schools by September 1. If you have not submitted your common application by September 1, you will not be eligible for a committee letter for 2011 admission.

Note: If you need to retake the MCAT, please consult the following link for test administration dates and registration periods: [http://www.aamc.org/students/mcat/](http://www.aamc.org/students/mcat/). (For the DAT and GRE, please see the appropriate websites.) We recommend that you try to retake standardized tests as early as you can, assuming you have had sufficient time to study.

**SPRING AND SUMMER 2010**
- Review the Application Guidelines for premeds seeking fall 2011 admission to medical school (available on the Postbac Premed website).

**APRIL 2010**
- Attend AMCAS information session (date & time TBA)
- Attend personal statement workshop (date & time TBA).

**MAY 2010**
- Have a set of transcripts sent to you so that you can complete the common application.
- Request transcripts from all institutions you attended to be sent to the common application service. Transcript requests for AMCAS should be made using the AMCAS request form.
- Begin to fill out your AMCAS application.

**JUNE 2010**
- Consult with the Writing Consultant about your personal statement.
- Complete your common application and file electronically
- Wednesday, **June 30, 5 p.m.**
  - All letters of recommendation must be received for your file.
  - Deadline by which your GS Premedical Dossier must include:
    - A copy of the common application you have submitted electronically to the appropriate application service. The only common application we will accept is a current one that has already been submitted to the application service. We will accept your common applications only by e-mail. Please put your name (last name first, first name second) and application ID in the subject line of your e-mail to gs-amcas@columbia.edu.
    - The supplemental committee application components:
      - Supplemental Application Cover Page
      - Background Information
      - Supplementary Questionnaire
      - Verification of Volunteer Work Form
      - Supplementary Recommendations List
      - Supplementary Recommendations
    - Medical school reapplicants:
      - A list of non-AMCAS schools
      - A 9"x12" self-seal envelopes with 3 first class stamps addressed to the schools to which you are applying that are NOT participating in Virtual Evaluations (please write your UNI on the inside of each envelope flap).
      - Self-addressed stamped postcard (to serve as verification that the packet was received) inside each envelope, stating “This will confirm receipt of application packet at ______________.”