

UNIVERSITY OF MASSACHUSETTS BOSTON

Application for the Post-Baccalaureate Certificate and Program of Study in Premedical Studies and Health Related Careers

Admission to the certificate program is on a selective basis, and students' prior records will be evaluated in light of the requirements of the program. Applicants may be required to submit additional information or other materials about themselves.

This application, with the appropriate signature(s), must be returned to Grace McSorley by May 1 for Fall Semester admission; (return by April 1 is recommended so that the student may register in advance), or by October 15 for Spring Semester admission.

Mailing Address: Grace McSorley, Premedical Advisor
Campus Center 1100
University of Massachusetts Boston
100 Morrissey Boulevard
Boston, MA 02125-3393

This Certificate/Program offers post-baccalaureate and matriculated students comprehensive curriculum and advising support as they prepare for a career in medicine and health-related fields.

Requirements: Students must take at least six of the following courses here at UMass Boston.

Biology: Bio 111 and 112 (General Biology I/II)

Chemistry: Chem 115 and 117(laboratory), 116 and 118(laboratory); (Chemical Principles I/II), Chem 253, and 254 (Organic Chemistry I/II)

Physics: Phys 107 and 108 (College Physics I/II) or 113 and 114 (Fundamentals of Physics I/II); note that the physics laboratory courses (Physics 181 and 182) are part of the premedical sequence but may not be counted towards the required science courses.

Mathematics: Math 130 (Precalculus), Math 140 (Calculus I)

The student must receive a grade of "B" or better in each course counted towards the six required for the certificate or program of study. The student must consult at least once each semester with the University Pre-Medical Advisor as part of the ongoing process for applying to medical school or other health-related programs, and eventual awarding of the certificate/Program of Study.

Admissions Requirements for the Post-Baccalaureate Certificate:

1. A bachelor's degree from an accredited college or university.
2. A completed application form (this form).
3. An autobiography of from 500-1000 words.
4. Official transcripts from all institutions where degrees have been awarded.
5. One letter of recommendation from a faculty member (either from the previous university or from UMass Boston) who will support the applicant's ability to succeed in premedical coursework.
6. A \$60 non-refundable application fee.

PLEASE PRINT OR TYPE:

Date: _____

Name: _____ **Maiden Name:** _____

SS#: _____ **Birthdate:** _____ **Telephone:** _____

Email: _____

Address (Street, City, State, Zip) _____

Marital Status: " Single " Married " Other _____ **Sex:** " Male " Female

Semester/Year to start program: " Fall " Spring **Year:** _____ **Veteran?** " Yes " No

Bachelor's Degree Earned at: _____

Are you currently attending UMass Boston? Yes No

Part 1: This should be filled out by those applicants who are residents of Massachusetts as defined by the rules and regulations.

I have read the rules and regulations governing the residency status of students for tuition purposes at the University of Massachusetts, and I here state that pursuant to these rules and regulations, I qualify as a Massachusetts resident for the following reasons (check one):

- I am 18 years of age or more and have resided continuously in the State of Massachusetts since (mo/yr)
- I am under 18, and my parent(s) or guardian resides in Massachusetts.
- I am married, and my spouse resides in Massachusetts.

If you are a permanent alien resident, please give your Alien Registration Number: _____

Part 2: This should be filled out by those applicants who are not residents of Massachusetts as defined by the rules and regulations.

I do not qualify for classification as a Massachusetts resident as defined in the rules and regulations governing the residency status of students for tuition purposes at the University of Massachusetts.

If you are a permanent alien resident, please give your Alien Registration Number: _____

If you are a foreign student, please indicate your visa status, and whether you presently hold that status or have applied for it.

F1 F2 J1 J2 Other _____

Presently holding this status Have applied for this status

This application must be signed by the applicant. If you are under eighteen and unmarried, a parent or guardian must also sign.

I certify that the information given on this application form is complete and accurate. I understand that making false or fraudulent statements on this application form could result in denial of approval, disciplinary action, and invalidation of credits or degrees earned. Should there be any change in the substance of the information given here, I will immediately notify the Office of the Registrar.

Signature of Applicant (required): _____

Signature of Parent or Guardian: _____

Certificate Approval (to be completed by UMass Boston):

Authorized Signature: _____ (Please print)

College or School Approved: _____ **Date Approved:** _____