

# Beginning to Prepare a Future Health Profession Professional School Application

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SPRING 2026



# Meeting Outcomes

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Attendees will be able to:

- Answer questions of concern or confusion regarding a future application to a graduate health professions program.
- Use an Experience Template to begin organizing their out of the classroom experiences.
- Use the Experience Description Box on the template to capture their motivation for each experience; qualities and skills developed by the experience; and lessons learned from the experience.

# Announcements

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- Next year you will see Professor Weisse for advising. It is important that you meet with her earlier rather than later so that you are in the loop on important information.
- We run a Sophomore Meeting during the fall term. It is one meeting for the entire year, so plan to attend. As time moves forward, staying in the loop for updates becomes crucial.

# Group Question

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Take about five minutes to make a list of issues that are a source of concern or confusion to group members regarding their future application to professional health profession programs. Then choose (as a group) the three issues that seem most important.

Be prepared to share these issues with the rest of the group.

# Academics

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- Factors to consider when planning courses
  - How many lectures and how many labs?
  - How many of the classes will factor into your math science GPA?
  - Timeline – do not be tied to one
- Tracking your math/science GPA
  - Math/science GPA= BCPM= Biology Chemistry Physics Math
  - Spreadsheet on [Math/Science GPA](#)

# Out of the Classroom Experiences

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# What to Document.....

Document any work, extracurricular experiences, awards, honors, or publications that you would like to bring to the attention of the professional schools. Focus on **significant experiences that show a depth of involvement.**

- Artistic Endeavors
- Community Service/Volunteer - Medical
- Community Service/Volunteer - Non Medical
- Conferences Attended
- Extracurricular Activities
- Hobbies
- Honors/Award/Recognition
- Intercollegiate Athletics
- Leadership
- Military Service
- Paid Employment - Medical/Clinical
- Paid Employment - Non Medical/Clinical
- Physician Shadowing/Clinical Observation
- Presentations/Posters
- Publications
- Research/Lab
- Teaching/Tutoring/Teaching Assistant

# How to document.....

Experience Name/ Title:

Experience Type:

Organization Name:

Dates:

Average Hours per Week:

Contact Name:

Contact Title:

Contact City:

Contact State:

Contact Country:

Contact Daytime Phone Number or E-mail:

Experience Description:

# The Experience Description Box

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Why did you engage in this experience?

What qualities and/or skills did you develop from it?

What lessons did you learn from it?