



Undergraduate Medical Academy Admissions Application

Prairie View A&M University
P. O. Box 519, Mail Stop 2900
Prairie View, Texas 77446

Office: 936-261-3085

Fax: 936-261-3089

Application will not be accepted without

- Official Transcript from high school /college(s)
- Personal Statement (Maximum 500 words)
- 3 Letters of Recommendation & Evaluation Forms

Personal Information

Last Name

First Name

Middle

Birth Date _____ / ____ / _____

Gender Male

Female

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Email Address _____

Ethnicity & Race

African American or Black

Asian

Caucasian or White

Native American or Pacific Islander

Hispanic or Latino

Other

Academic Information

High School Name _____

Address _____

City _____ State _____ Zip Code _____

Graduation Date _____ GPA _____ Class Rank & Size _____ / _____

SAT Score

Date Taken

ACT Score

Date Taken

Have you taken THEA?

Yes No

College/ University

This section is for applicants who have completed at least 1 year as an undergraduate (24 hrs college credits)

1. College/University Name

Address _____

City _____ **State** _____ **Zip Code** _____

Major _____

Minor _____

Attended From: Month _____ **Year** _____

Attended To: Month _____ **Year** _____

Expected Graduation Date _____

GPA _____ **on a scale of 4.0**

2. College/University Name

Address _____

City _____ **State** _____ **Zip Code** _____

Major _____

Minor _____

Attended From: Month _____ **Year** _____

Attended To: Month _____ **Year** _____

Expected Graduation Date _____

GPA _____ **on a scale of 4.0**

College Courses (please list)

Class	Hours/Credit
--------------	---------------------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

Extracurricular Activities / Organizations / Clubs

Army ROTC

Navy ROTC

Air Force ROTC

Band

Theatre

Cheerleader

Choir

Track/Cross County

Student Council

Health Occupation Students of America

National Honor Society

Sports (please list)

Date (MM/YY TO MM/YY)

_____ / ____ to ____ / ____

Fraternities (please list)

_____ / ____ to ____ / ____

Sororities (please list)

_____ / ____ to ____ / ____

Summer Programs (please list)

_____ / ____ to ____ / ____

_____ / ____ to ____ / ____

_____ / ____ to ____ / ____

Co-Op/ Internship (please list)

_____ / ____ to ____ / ____

_____ / ____ to ____ / ____

_____ / ____ to ____ / ____

Honors Program/Clubs (please list)

_____ / ____ to ____ / ____

_____ / ____ to ____ / ____

_____ / ____ to ____ / ____

Volunteer /Community Service (please list)

_____ / _____ to _____ / _____
_____ / _____ to _____ / _____
_____ / _____ to _____ / _____

Medical / Research Experience (please list)

_____ / _____ to _____ / _____
_____ / _____ to _____ / _____
_____ / _____ to _____ / _____
_____ / _____ to _____ / _____
_____ / _____ to _____ / _____

Other

_____ / _____ to _____ / _____
_____ / _____ to _____ / _____
_____ / _____ to _____ / _____
_____ / _____ to _____ / _____
_____ / _____ to _____ / _____