Name: _________________________________________ UF ID: ______________

Email address: ______________________________________________________

Application Review

1) When did you submit your primary application?

___________________________________________________________________________

2) When did you submit your secondary applications?

___________________________________________________________________________

3) Were you invited to any interviews?  NO   YES   If YES, which school(s)?

___________________________________________________________________________

4) Were you waitlisted at any schools?  NO   YES   If YES, which school(s)?

___________________________________________________________________________

5) Are you STILL on a waitlist?  NO   YES

6) Were you denied?  NO   YES   If YES, please list the schools and the feedback they gave you.

___________________________________________________________________________

7) Did you apply to Osteopathic (DO) schools?  NO   YES   If YES, which school(s) and when did you apply?

___________________________________________________________________________

8) Did you apply to Caribbean/Foreign schools?  NO   YES   If YES, which school(s)?

___________________________________________________________________________

9) What do you see as the weaknesses in your application?

___________________________________________________________________________

10) Comments:

___________________________________________________________________________

Documents to present to the Pre-Health Advising Team to review:

1) Primary application (Please make sure to include the section that lists the schools you applied to.)

2) Secondary application (Include up to 3)

3) This checklist

The Pre-Health Advising Team will review your materials. This review will take up to 2 business weeks.
After the review is completed, you will be notified via email.

The Foundation for The Gator Nation
An Equal Opportunity Institution