



Application Self-Assessment

Use this self-assessment to reflect on the strengths and weaknesses of your application. If you would like to make an appointment to review this, please go to: [Pre-Health Post-Baccalaureate Program – College of Liberal Arts and Sciences \(ufl.edu\)](https://ufl.edu/pre-health) and make an appointment with the director. **Email a copy of this form and your AMCAS application prior to the appointment.**

UFID: _____

Name: _____

Date: _____

Application Service Used (AMCAS, ADSAS, etc.): _____

Application Submission Date: _____

Application Verification Date: _____

BCPM GPA (verified): _____

CUM GPA (verified): _____

Entrance Exam Score (highest): _____

Date of Highest Entrance Exam Score: _____

EXPERIENCES

List your experiences including: Where it was done, length of experience and total hours. Draw a bar graph to represent the length of the experience across time.

	Freshman	Sophomore	Junior	Senior	Growth Year(s)
RESEARCH Where Dates Total Hours Graph					
CLINICAL Where Dates Total Hours Graph					
COMMUNITY SERVICE Where Dates Total Hours Graph					
SHADOWING Where Dates Total Hours Graph					
EMPLOYMENT/ OTHER Where Dates Total Hours Graph					

COMPETENCIES ASSESSMENT

Rate yourself on the following competencies using a scale from 0-5.

0= None 1= Needs Considerable Improvement 2= Needs Some Improvement 3= OK 4= Very Good 5= Outstanding

	Rating at Time of Application	Where was the competency best demonstrated in your application (personal statement, letters, etc.)?
1. Service Orientation		
2. Understand Patient/Family Experience		
3. Ethical Responsibility to self & others		
4. Critical Thinking		
5. Quantitative Reasoning		
6. Scientific Inquiry		
7. Social & Interpersonal Skills		
8. Cultural Sensitivity		
9. Teamwork		
10. Leadership		
11. Oral/Written Communication		
12. Integrity & Ethics		
13. Reliability & Dependability		
14. Resilience & Adaptability		
15. Self-motivation & Perseverance		
16. Capacity for Improvement		
17. Knowledge of Profession		
18. Appropriate Self Appraisal & Assessment		
19. Dental: Manual Dexterity		
20. Pharmacy: Entrepreneurship		

LETTERS OF EVALUATION

Select the five letters you used the most in your application and complete the information below.

Very weak (1): Academic letters only discuss the grade you earned in a course. Character letters lack any specific examples of competencies and may present areas of concern or red flags. Length of relationship is often brief.

Weak (2): Academic letters discuss your grade as well as some observed traits or information already included in the application such as your experiences. Character letters have no areas of concern presented, but also lack specificity in describing your competencies or aren't strongly positive in their assessment.

Average (3): Academic letters go beyond discussing your grade and include observations of your academic strengths and habits. Character letters are positive and present a few specific examples of your competencies.

Strong (4): Academic letters include specific examples of how you've demonstrated competencies and are very positive. Length of relationship is usually over 1 year.

Very strong (5): Letter are generally from individuals who have known you over a long period of time and in areas outside the classroom (for academic letters) such as research. They provide specific examples of how you have demonstrated multiple competencies. They are overwhelmingly positive, and the writer can compare you very highly to other students or applicants they have worked with in the past.

Recommender	Type of Letter Required (Science Lecture, Non- science Lecture, Character)	How well does the recommender knows you? Rate 1-5 1 = Not at all; to 5 = Very well	Estimated Quality of the Letter Rate 1-5 1 = Very weak; to 5 = Very strong

WRITING COMPONENTS

Personal Statement

- Did your personal statement convey your 'Journey, Purpose and Impact or 'WHY'? YES NO
- Did you get feedback from others who know you well? YES NO
- Could they tell 'WHY?' you want to serve others via medicine? YES NO
- Did you get feedback from others who don't know you as well? YES NO
- Could they tell 'WHY?' you want to serve others via medicine? YES NO

Experience Section

- Did you indicate what you did and what you learned? YES NO

Secondary applications

- Did your answers reflect depth and insights of your story, character and competencies? YES NO
- Timing of submissions – When did you submit your secondaries? _____

As a whole, do you think the writing components of your application had a consistent theme? YES NO

If YES, what was that theme?

INTERVIEWS

Were you invited to any interviews? YES NO

If yes, how many? _____

Describe how you felt the interview(s) went for you:

ASSESS

It is important to step back and assess your profile as an applicant.

- a) What are your strengths demonstrated in your application?
- b) What areas need further development and attention?
- c) What do you need to do to improve as an applicant?
- d) Was there anything you didn't put on your application that you wish you had?

PLAN

		Senior Year	Growth Year 1	Growth Year 2
RESEARCH	Where Dates Total Hours			
CLINICAL	Where Dates Total Hours			
COMMUNITY SERVICE	Where Dates Total Hours			
SHADOWING	Where Dates Total Hours			
EMPLOYMENT/ OTHER	Where Dates Total Hours			