**Clinical and Diagnostic Sciences**

**Student Profile for Letters of Recommendation**

1. **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Indicate another name (if applicable) under which you have educational records:**

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle:** \_\_\_\_\_\_\_\_\_\_

1. **Personal e-mail Address (other than Oakland):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **All undergraduate college attended (in chronological order)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **City/State** | **Dates** | **Major** | **Degree Granted** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Are you currently licensed or certified in any health profession area? If yes, please indicate:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Honors received while in high school/college (include honorary societies):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **List extracurricular activities (student organizations, offices held, sports, membership and attending professional meetings such as ASCLS-MI, etc.) and the extent of your involvement while enrolled in college:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Summarize the health related activities in which you have been involved (employment, volunteer efforts, personal experiences). Include the type of activity and extent of involvement (total hours):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Employment history during the regular school year while attending college?**

|  |  |  |
| --- | --- | --- |
| Type of work | Dates of employment | Approximate hours per week |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Employment history during summer while attending college?**

|  |  |  |
| --- | --- | --- |
| Type of work | Dates of employment | Approximate hours per week |
|  |  |  |
|  |  |  |
|  |  |  |

**Optional:**

**Do you wish to be considered as a minority group applicant? Is so, how you would describe yourself?**

\_\_\_\_ Hispanic

\_\_\_\_ Black

\_\_\_\_ Asian

\_\_\_\_ American

\_\_\_\_ Indian

\_\_\_\_ Alaskan native

\_\_\_\_ Other

**I certify that I am either a U.S. citizen or have a valid visa that allows me to work in the U.S. and that the information submitted is complete and correct to the best of my knowledge.**

**Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plan of Work**

|  |  |  |
| --- | --- | --- |
| **Term** | **Department Course Number** | **Credits** |
| **Spring Term****20\_\_** |  |  |
| **Summer Term****20\_\_** |  |  |
| **Fall Term****20\_\_** |  |  |
| **Winter Term****20\_\_** |  |  |

 (Student signature) (Date)

Please note: *Student's plan of work must be kept current. Submit changes promptly to the academic adviser*.

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected Graduation Year: \_\_\_\_\_\_\_\_\_\_**

**Detroit Medical Center: Choose August and/or January**

**St. John Health System: Choose July and/or January**

**William Beaumont Hospital: Choose June and/or December**

**Indicate to which clinical sites/start dates you are applying:**

|  |  |
| --- | --- |
| **Start Date:** | **Hospital:** |
|  |  |
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**Letters of Recommendation Requested From:**

|  |  |
| --- | --- |
| **Name:** | **Position:** |
|  |  |
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|  |  |