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# INSTRUCTIONS FOR COMPLETING THE BIOGRAPHICAL REPORT

* The biographical report will be securely held in your veCollect account to be read by the Health Professions Committee. The information in this entire document will be available to each Health Professions Committee member. You may edit at any time between the due date and your scheduled interview with a Health Professions Advisor. ***If you do edit it, please change the date at the end of your document every time you make updates***.
* To calculate your GPA, please refer to the “Calculating Your BCPM GPA” form online. You will be responsible for adding any courses taken outside Williams to that GPA. For those currently enrolled in courses, you must calculate GPAs and upload transcripts for the current semester once that information becomes available. Please fill in what you can of the GPAs until then.
* The general order of this template (appearing in the form below) follows the AMCAS application as much as possible. It will be useful for you when you fill out the AMCAS application when it opens in May 2021. Any further information deemed relevant, such as proficiency in the arts or languages, non-academic recognitions, publications, significant hobbies etc., should be added in the last section, under the *Additional Information* heading. **Please delete this page and delete or edit any text that appears in purple: it is meant for your aid only.**

#### PLEASE UPLOAD THIS DOCUMENT TO veCollect

#### AS SOON AS POSSIBLE, BUT NO LATER THAN

#### **March 15, 2021**!

# BIOGRAPHICAL REPORT

## Applicant Information

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*FIRST NAME MIDDLE INITIAL. LAST NAME/FAMILY NAME*

**Preferred Name *(optional)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender *(optional)*:** [ ]  Female [ ]  Male [ ]  Nonbinary [ ]  Other [ ]  Choose not to report

**Preferred Pronouns *(optional)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *STREET ADDRESS APARTMENT/UNIT #*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*CITY/TOWN STATE/PROVINCE POSTAL CODE COUNTRY*

**Preferred Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State for Application Residency *(if applicable; optional):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*This should reflect the state in which you will claim residency for the purposes of your medical or dental school application. Your answer represents the residency or domicile of your true, fixed, and permanent home. If you moved into a state for the sole*

*purpose of attending school, do not count that state as your state of legal residence. Each state determines legal residency differently. You should contact your individual state or state school(s) for legal residence qualifications.*

|  |
| --- |
| **Languages:** |

 **Proficient?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Language 1  |  | YES[ ]  | NO[ ]  | Language used in childhood home? | YES[ ]  | NO[ ]  |
| Language 2  |  | YES[ ]  | NO[ ]  | Language used in childhood home? | YES[ ]  | NO[ ]  |
| Language 3  |  | YES[ ]  | NO[ ]  | Language used in childhood home? | YES[ ]  | NO[ ]  |

**Underserved\* *(self-reported, optional)*:** [ ]  Yes [ ]  No [ ]  Unsure [ ]  Choose not to report

**Disadvantaged\* *(self-reported, optional)*:** [ ]  Yes [ ]  No [ ]  Unsure [ ]  Choose not to report

*\*Please see the most recent applicant guide for your relevant application service for more information about these sections of the applications.*

**What program(s) are you applying for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *(Examples: MD, MD-PhD, MD-MPH, DDS, DMD, etc.)*

**Are you an international student?** [ ]  Yes [ ]  No

**Are you a reapplicant?** [ ]  Yes [ ]  No

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| **High School:** |  | **Location:**  |  |

|  |  |
| --- | --- |
| **Entered Williams College in:** |  Month Year |

|  |  |
| --- | --- |
| **Graduated:** |  Month Year |

|  |  |
| --- | --- |
| **Major(s) at Williams:** |   |

|  |  |
| --- | --- |
| **Concentration(s) at Williams:** |   |

***FOR JUNIORS: TENTATIVE SENIOR-YEAR PROGRAM***

*List titles of the courses you expect to take next year during Fall, Winter and Spring Terms.*

|  |  |  |
| --- | --- | --- |
| **FALL Term** |  |  |
|  | **Course #** | **Course Title** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
|  |  |  |
| **WINTER Term** |  |  |
|  | **Course #** | **Course Title** |
| 1 |  |  |
|  |  |  |
| **SPRING Term** |  |  |
|  | **Course #** | **Course Title** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

***STUDY IN ADDITION TO BA REQUIREMENTS***

Please list any courses, undergraduate or post-baccalaureate, that do not appear on your Williams transcript. **Please also upload any non-Williams grade reports or unofficial transcripts to your veCollect account.**

|  |  |  |  |
| --- | --- | --- | --- |
| When | Where | Title/Brief Description | Grade |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 **GRADE POINT AVERAGES CONVERSION SCALE**

|  |
| --- |
| ***[Fill in your own years below]*** |
| 2014-2015 | Average: |  | A | 4.00 |
| 2015-2016  | Average: |  | A- | 3.67 |
| 2016-2017 | Average: |  | B+ | 3.33 |
| 2017-2018 | Average: |  | B | 3.00 |
|  |  |  | B- | 2.67 |
|  |  |  | C+ | 2.33 |
| Overall (OA) | Average: |  | C | 2.00 |
| BCPM | Average: |  | C- | 1.67 |
|  |  |  | D | 1.00 |
|  |  |  | F | 0.00 |

***HONORS/AWARDS/RECOGNITIONS***

*List any scholastic distinctions at Williams here*(e.g., **Phi Beta Kappa**, **Departmental Honors**,or

**Graduated *with honors e.g., cum laude***)

*Any semesters in which you are listed on the Dean’s List or as a special scholar go here, in this format:*

**\*Class of 1960s Scholar—Fall 2015, Spring 2016, etc.**

**\*Dean’s List—Fall 2014, Spring 2015, etc.**

# SHORT ANSWERS

*Please answer the following three questions. More important than a polished written piece are answers that are authentic to you and show evidence of thought and reflection.*

**Two key attributes in the health professions are empathy and altruism. Give an example or two of a time when you put your immediate desires or comfort aside for either the good of someone else, or for the achievement of a long-term goal.**

**Please describe the personal qualities you possess that make you a good fit for a health profession.**

**How would your friends describe you?**

# INSTITUTIONAL ACTION

**Were you ever the recipient of any institutional action by any college or medical school for unacceptable academic performance or conduct violation, even though such action may not have interrupted your enrollment or required you to withdraw?**

[ ]  Yes\* [ ]  No [ ]  Unsure\*\*

As stated on the AMCAS application, “You must answer ‘Yes’ even if the action does not appear on or has been deleted or expunged from your official transcripts due to institutional policy or personal petition.” AMCAS allows you to explain the IA in **1325 characters.**

**NOTE**: *The Williams Committee Letter will help to create context surrounding the institutional action. Please explain the instance along with the date(s) of occurrence. It is helpful if you provide any remedial actions you may have taken. Those actions generally include, a job in a service-oriented field; a masters or other postbaccalaureate program that proves academic proficiency in the premedical course requirements (or science); some other endeavor that demonstrates ethical understanding as well as remorse for your actions.*

# \*IF YOU ANSWERED “YES”, PLEASE PROVIDE MORE INFORMATION BELOW.

\*\* IF YOU ANSWERED “UNSURE”, PLEASE CONTACT YOUR ADVISOR TO DISCUSS FURTHER.

# WORK & ACTIVITIES

Detailing your experiences helps the Health Professions Committee learn about how you spend your time and what matters to you. For each experience that you wish to share, we ask that you begin by selecting an experience category, and then completing the template below. **You’ll need to cut and paste the following table for each experience you list. You are limited to 15 experiences on the AMCAS. AADSAS (for dental school applicants) allows for 25 experiences, but in a less-detailed format. This is excellent practice for your primary application to a health professions program.**

Please select your TOP THREE most meaningful experiences and reflect upon them in the “Most Meaningful Remarks” section. *We understand that the experience categories are often blurred and ask that you use your best judgement for how to categorize an experience when questions arise.*

The Experience Categories that you will use are as follows:

 Extracurricular Activities

 Intercollegiate Athletics

Community Service/Volunteering (non-medical/non-clinical)

Community Service/Volunteering (medical/clinical)

Honors/Awards/Recognitions

Paid Employment (non-medical/non-clinical)

Paid Employment (medical/clinical)

Teaching, Tutoring, Teaching Assistant

Presentations/Posters

Publications

Conferences Attended

Physician Shadowing/Clinical Observation

Research/Lab

|  |  |
| --- | --- |
| **Experience Category:**  |  |
| **Experience Name:** |  |
| **Contact Name & Title:**  |  |
| **Contact Email:**  |  |
| **Organization Name:**  |  |
| **City/State/Country:**  |  |
| **Experience Description:**  |  |
| **Dates:**  |  |
| **Total Hours:**  |  |
| **Most Meaningful Experience? Y/N**  |  |
| **Most Meaningful Experience Remarks:**  | Often a paragraph or two in length |

***ADDITIONAL INFORMATION***

Musical or language proficiencies, triathlons, hobbies, or anything else you wish to add?

***TESTING***

##### **MCAT/GRE/DAT/OAT EXAMS:**

|  |  |
| --- | --- |
| Which admissions test will you be taking?  |  |
| When did you or do you plan to take the exam? |  |
| If you have already taken the exam, please list your scores:  | Overall: |  | Percentile: |  |

***LETTERS OF RECOMMENDATION***

The Committee recommendation will be based in part on your individual references (in addition to your academic record, biographical report, interview, etc.). As a start, list below at least **THREE** (3) references who can vouch for your academic ability and promise, whom you are asking for recommendations. Letters of recommendation are a vital part of your portfolio. One should take great care in selecting individuals who are to serve as references: be sure to discuss overall academic work, non-academic activities, and professional goals with these individuals. Consider providing them with a resumé or biographical report, a personal statement, and/or a current unofficial transcript. One should not hesitate to ask whether or not an individual is willing to give strong support. (This does not mean that they should not discuss weaknesses as well as strengths.)

**At least TWO letters should be in your VeCollect file by April 15. You need to have at least THREE letters with a maximum of SIX before June 1 of the intended application cycle.**

These letters will be included in the final packet (aka “quiver” in veCollect terms) and sent to medical schools. Ensure your letter writers provide a **SIGNED and DATED** electronic letter on **LETTERHEAD**.

Your instructors provide the references that are considered very important by professional schools. Therefore, at least **TWO** recommendations in your dossier should come from professors in the sciences. Experts who have observed you in a professional capacity can also serve as valuable references. Choose your references carefully. In addition to science instructors, choose individuals who know you in different ways so the professional school gets a broad picture of your background and qualifications. If you have been out of Williams for a year or more, you should consider approaching your supervisor for a letter.

*Please give professional titles and addresses of recommenders that you will ask for letters.*

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

**NOTE:** Asking for references should be done as soon as possible! You will be responsible for keeping track of the progress of your evaluations in veCollect.

***PERSONAL STATEMENT***

**PLEASE WRITE AN ESSAY following these guidelines.**

**This draft essay will be submitted to the Health Professions Committee. It will *not* be part of the dossier that subsequently goes to medical schools, but is good practice for your primary application.**

**The following are essays requested by various application services. You may write differently for the in-house process, but this should be useful to you as practice as well as being informative to the Health Professions Committee members’ review of your portfolio. Usually, an essay around 4,500-5,300 characters is required.**

**Sample Prompts:**

* Why have you selected the field of medicine?
* What motivates you to learn more about medicine?
* What experiences have allowed you to develop the skills necessary to be successful in medical/veterinary/dental school and to become an effective practitioner?
* What do you want the admissions team to know about you that hasn't been disclosed in another section of the application?

In addition, you may wish to include information such as:

* Special hardships, challenges or obstacles that may have influenced your educational pursuits.
* Commentary on significant fluctuations in your academic record that are not explained elsewhere in your application.

***Start essay on next page!***

*Write your personal statement draft here.*