UNIVERSITY of
HOUSTON
Health Professions Advisory Committee (HPAC)

Request for Open Applicant File and Authorization to Bill for Pre-Health Student Fee

Adobe Acrobat Reader is required to complete this form. Electronic signature is permitted.

Last Name   **First Name**   **UH ID**

Address   **City**   **State**   **Zip Code**

Phone #   **E-mail**

Application Type   **Academic Level**   **Reapplicant?**

❖ I hereby request the Pre-Health Advising Center to establish a Pre-Health Applicant HPAC file on my behalf. This file will contain items relevant to my application to medical or dental school.

❖ I have **reviewed** and **completed** all requirements to be eligible for establishing an HPAC file:

Attended an HPAC Orientation.

Attended Personal Statement Orientation & Workshop.

Completion of Introductory science-major level Biology, Chemistry, and Physics.

Completion of Organic Chemistry I and completion of *or* current enollment in Biochemistry.

Completion of at least 3-credit hours of advanced Biology coursework (3000-level or above).

Completion of 30 credit hours at UH. (Courses in progress may not count towards the 30 completion hours.)

Minimum overall GPA of 3.5, and minimum science (BCPM) GPA of 3.4.**

**Please use the GPA Calculator provided by the Pre-Health Advising Center to calculate your overall and science GPA. GPA should be calculated using TMDSAS guidelines: all college-level coursework should be included (even non-UH courses), pluses (+)/minuses(-) should be removed from letter grades, and science GPA should follow the BCPM conventions. BCPM (Biology, Chemistry, Physics, Math) is defined as coursework designated with BIOL, BCHS, CHEM, PHYS, or MATH prefixes. Coursework in non-science, engineering, health, kinesiology, and technology majors should not be included in these calculations unless listed here. IDNS and HONS courses should also not be included. If you have a question about inclusion of a specific course, you may contact our office at prehealth@uh.edu.

❖ I waive my right to view the contents of my HPAC file and authorize the Pre-Health Advising Center to bill me $25.00 for the Pre-Health Student Fee.

❖ I understand this fee will be used to support the cost of maintaining and processing my file and that this fee is **non-refundable**, even if I decide not to apply to medical or dental school this cycle.

Signing this form electronically is the legal equivalent of your written signature and confirms your agreement to the statements above.

Submit this form to prehealth@uh.edu with other file application documents.

Student Signature   **Date**