

INTERVIEW APPLICATION FORM

Please type your responses onto the following form, save as a pdf (try using print function) and upload to: <https://skidmore.app.box.com/f/ab8f9743a8724a3186f536e879aaa185>

Full Legal Name: _____

Graduation Date (Month/Year) _____ Phone: _____

Skidmore Email: _____ Other Email (post graduation) _____

Permanent Mailing Address _____

Have you ever been charged with an academic or conduct violation? Yes _____ No _____

Type of School you are applying to (medical, dental, veterinary; etc.) _____

Year you plan to apply: _____

When do you plan to take the MCATs? _____ 0 & \$ 7 6 FRUH LI DOUHDC

Please provide your: Ov

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interview}

Academic:

Name _____ Email _____ Phone: _____

Name _____ Email _____ Phone: _____

Medical (or other health professional):

Name _____ Email _____ Phone: _____

Name _____ Email _____ Phone: _____

Other/Character:

Name _____ Email _____ Phone: _____

Name _____ Email _____ Phone: _____