

PRE-MEDICINE AT WISCONSIN

edited by

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C.L.S.

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INTRODUCTION

Our aim in these pages is to give some facts and feelings about pre-medicine and other pre-health professions at the University of Wisconsin-Madison. The facts are culled from a number of sources; the feelings belong to pre-medicine advisors, interested faculty members in this college and the Medical School, and to interested students. You will find rather definite answers to some of your questions here, but these are few in proportion to the number of questions you are likely to have. Questions about pre-medicine often differ according to the individual asking them, so answers to a question one person asks may be clear enough to that person but unclear to another raising a similar query. Thus, remember that you are, primarily, one individual person with your own answers to work out on your own terms, and only secondarily a member of a group called pre-meds. Please note that much of what we say about pre-medicine is also applicable to pre-dentistry and several of the other health sciences. In fact, this booklet might well be titled "Pre-Health Sciences." Apply our comments accordingly.

Pre-medicine at UW-Madison is not a classification, not a major, not even a formal list that you are obliged to get on--it is an intention. You become a pre-med when you begin to point toward medical school; you remain one unless your direction changes. In life, the best intentions may be altered by circumstances and by an increasing understanding of one's self. If you find yourself questioning the reasonableness of your initial intent to prepare for medical studies, then you should seek input from an informed advisor. We hope you utilize our advice and facilities, primarily Letters and Science Student Academic Affairs, 70 Bascom, (608) 262-1849.

Given your pre-med intent, however, pre-medical preparation requires that you take certain courses in conjunction with your regular degree requirements and major requirements. Preparation for health professions, as you would expect, requires certain course work in the biological and physical sciences. At least some pre-health professions courses may be fulfilled as a part of the major or basic degree requirements, or both. This possibility of courses counting both for pre-med and for the major and/or basic degree requirements makes the completion of a pre-medicine program easier than might first appear. The rest of your pre-med preparation, those elusive qualities of overall coherence of program, care in planning, and realism about yourself and your work, is not going to appear directly on a transcript. But all this deserves as much emphasis as the course work.

This handbook may seem like a lot of material to wade through, but if you are serious about a career in medicine, you should read everything from cover to cover at least once, and some of it you may need to review two or three times. If nothing else, perhaps this booklet will remove some of the mystery that seems to shroud a pre-med program of studies and activities.

We begin with some points that pre-meds, pre-dents and other pre-health professions students should know early in the game.

SPECIFICS

Start by reading informational handbooks published by associations of medical schools, dental schools, etc. Each outlines specific requirements for schools throughout the country. Available for pre-meds is the *Medical School Admissions Requirements: U.S.A. and Canada (MSAR)*. The

website is www.aamc.org and contains other useful information and links as well. For pre-dents it is the *Admission Requirements of U.S. and Canadian Dental Schools*. Links to dental professional associations and individual dental schools can be found at www.adea.org. You may also wish to visit the websites that are available for many health professions schools. Read all that you can, so that you are able to develop a knowledge base upon which to build your pre-medical planning. The list of health professions websites in Appendix J will help you in your research on various health professions.

In the rest of this booklet, few references will be made to pre-dental or pre-health professions studies. It is tiresome to write and to read "pre-med" and "pre-dent" and "pre-health professions" each time we use it, so we will stick with "pre-med" with the intention of including the pre-dents and other health science students under that expression. Our advice to the pre-dental student is to follow the same curriculum as the pre-medical student. The variations are so slight as to be insignificant. The curriculum that follows will also prepare you for entry into almost any dental school. For other health professions, preparation may require fewer or slightly different science courses than does pre-med. See an SAA pre-med advisor for specific information for the preparation needed for the health profession of your interest.

Medical schools purposely limit specific requirements for admission in order to allow you some latitude in developing your own interests at the undergraduate level. Your interests should include alternatives to medicine, and early on you should ask yourself, "What will I be happy doing if I don't make it to med school?" Your program of studies in addition to those we label "pre-med" is of equal importance to your medical school requirements. Also, medical schools want and need people with a diversity of backgrounds, talents, and interests. All are interested in people with a broad liberal arts education that includes a reasonable balance of courses in mathematics, sciences, arts and humanities, social studies, and communication skills. **You may pursue any major as a pre-med; you would be wise to select a major of special interest to you, rather than one you feel will please med school admissions committees. These committees prefer entering med school classes that represent a diversity of majors and interests.**

Ideally, you should begin to identify some medical schools that you are likely to be interested in as early as your sophomore year. As you look at the requirements of the various schools, you can see that it takes little, if any, variation of the Wisconsin requirements to cover the requirements of a great many schools. However, as you check around, you will notice some common variations from Wisconsin requirements, so look carefully in order to prepare yourself fully for a broad spectrum of medical/health professions schools.

The following courses meet the requirements of the University of Wisconsin School of Medicine and Public Health as well as most other medical or dental schools in the United States, and many foreign schools. Course descriptions can be checked in the *Undergraduate Catalog* (www.wisc.edu/pubs/ug/). Note that Advanced Placement (AP) credits on your UW-Madison transcript may suffice for some subject area requirements, but many schools accepting AP credits want to see advanced coursework in those required areas. We encourage students to explore the admissions requirements of potential medical and dental schools well in advance, keeping in mind that they change periodically.

PRE-MEDICAL COURSE REQUIREMENTS

College Mathematics

1. Required: Math. Two semesters, minimum, college algebra (Math 112) and trigonometry (Math 113)
2. Recommended: Math 221 (Calculus and Analytic Geometry) **or** Math 211 (Calculus) or equivalent and statistics.

Your major may also have specific math requirements.

Chemistry

1. General chemistry (choose **one** of these four sequences):
 - a) Chemistry 103-104 (General Chemistry)
 - b) Chemistry 109 (General and Analytical Chemistry) and Chemistry 311
 - c) Chemistry 109 plus Chemistry 327 or 329
 - d) Chemistry 115-116 (Chemical Principles)
2. Organic Chemistry (**all courses required at most medical schools**):
 - a) Chemistry 343 (Introductory Organic Chemistry)*
 - b) Chemistry 344 (Introductory Organic Chemistry Lab)
 - c) Chemistry 345 (Intermediate Organic Chemistry)

*UW requires one semester of Organic Chemistry with Biochemistry

Biological Science

Choose **one** of these two course tracks:

1. **General Track**
 - a) Biology 151-152 (Introductory Biology, cross-listed as Zoology 151-152) **or**
 - b) Zoology 101-102* (Animal Biology)

* If you take Zoology 101-102, we strongly recommend that you also take Botany 130 to complement this course.

Plus Intermediate/Advanced Biology:

At least one semester of lecture with one semester of lab is required. If you are a non-science major or wish to strengthen your biology background and record, you would do well to take at least two of these courses:

- a) Zoology 430 (Comparative Anatomy of Vertebrates)
- b) Zoology 466 (General Genetics) (UW accepts as a lab course equivalent)
- c) Zoology 611-612 (Comparative and Evolutionary Physiology)
- d) Biochemistry 501** (Introduction to Biochemistry) **or**
- e) Biomolecular Chem 503 **or**
- f) Biochemistry 507-508 (General Biochemistry)
- g) Physiology 335 (UW does not accept this as your **ONLY** intermediate/advanced biology lab.)

- h) Statistics 541.
- ** will be required

Please consult your pre-med advisor regarding selection of these and/or other upper-level biological/physical sciences. For medical schools other than UW, there are additional options.

2. Biology Core (Biocore) Curriculum Track

- a) Biocore 301-302 *** (Evolution, Ecology and Genetics lecture/lab)
- b) Biocore 303-304 (Cellular Biology lecture/lab)
- c) Biocore 323-324 (Organismal Biology lecture/lab)
- d) Biocore 333 (Biological Interactions)

***Lab requirements in total Biocore sequence depend on your major.

Prerequisites to begin Biocore: Completion of Chemistry 104, 109 or 115, Math 221 or 211, concurrent or previous enrollment in Chemistry 343, and submission of an application in mid-March of spring semester prior to fall registration in which initial Biocore course begins. Applications will be accepted until positions fill. See *Guidebook* or *Undergraduate Catalog*, or check <http://www.biocore.wisc.edu/biocore>, for further details on Biology Core Curriculum. Biocore is not a major but 18 credits of Biocore fulfills some or all of the biology requirements for a variety of biological sciences majors. (For students applying to UW School of Medicine and Public Health, Biocore 303/304 fulfill the Biochemistry prerequisite.)

Physics

Choose **one** of these three sequences, all of which are entitled "General Physics":

- a) Physics 103-104 (without calculus)
- b) Physics 201-202 (calculus-based)
- c) Physics 207-208 (calculus-based)

English

You will need six credits of English composition, or literature taught in English, with emphasis in composition.

Some Ongoing Activities

1. Meeting with pre-med advisor at least once per semester.
2. Meeting with major advisor at least once per semester.
3. Participating in extracurricular, volunteer, paid work, research, or other out-of-classroom activities. Keeping in mind that course work takes first priority, achieve a suitable balance. Volunteer experience in a hospital is essential.
4. Researching medical/dental schools to which you will apply.
5. Trying your best to maintain quality and consistency in your academic performance.

PRE-MEDICAL PROGRAM PLANNING GUIDE

FIRST YEAR	
<p>Semester I: Chemistry 103 or 109 Math (according to placement) Social Science or Literature* Foreign Language or Humanities*</p>	<p>Semester II: Chemistry 104, if took 103; or 327 or 329, if took 109 Social Science or Literature Foreign Language or Humanities</p>
SECOND YEAR	
<p>Semester I: Chemistry 343 Biology 151 or Biocore 301 and 302 or Zoology 101 and 102 Additional Math, if necessary General Breadth/Major Requirement(s)</p>	<p>Semester II: Chemistry 344 and/or 345 Biology 152 or Biocore 303 and 304 or upper-level Biology Additional Math, if necessary General Breadth/Major Requirement(s) (Think about medical school recommendations and from whom they will come.)</p>
THIRD YEAR	
<p>Semester I: Organic Chemistry, if not already completed Physics 103 or 207 or 201 Intermediate/Advanced Biology (with lab) or Biocore 323 and 324. Major/Breadth Requirements (Declare major, if not already done.) (Begin to solicit medical school recommendations.)</p>	<p>Semester II: Physics 104 or 208 or 202 Intermediate/Advanced Biology or Biocore 333 Major/Breadth Requirements (Prepare and register for the MCAT or DAT. † (MCAT materials are on line at: www.aamc.org/mcat) (AMCAS materials are on line at: www.aamc.org/students/amcas/start.htm) (AACOMAS materials are on line at: www.aacom.org/home-applicants/)</p>
FOURTH YEAR	
<p>Semester I: Finish application process to medical or dental school. Take additional courses for major or general BA/BS degree. Take additional sciences which may be helpful in medical school. (Your basic pre-med courses should be <u>completed</u> by this time.)</p>	<p>Semester II: Complete your undergraduate degree program. Attend medical school interviews, if not already attended earlier (by invitation). Receive your <u>acceptances</u> (hopefully) from medical schools. Make decisions regarding selection of schools.</p>

*These are **examples** of general/breadth requirements, and need not be taken in this order.

† The DAT and the MCAT, which are computerized, may be taken on various dates.

PROGRAM STRATEGY

This section is aimed more at the freshman or sophomore than the upperclassman because the more your programming involves your major and advanced electives, the harder it is for us to give good general advice. It is also aimed mainly at the student who will pursue the conventional four-year preparation.

There is more freedom to choose your own road toward medical school than you might expect when you first set out. A poorly programmed beginning will take you on unplanned detours. But if you plan well, you can take more excursions and desirable side trips in your academic career than you might think.

Consider the overall scheme, then the component parts of your study in light of the previous section before you make specific course selections. At present, nearly all of our students entering medical school have a four-year bachelor's degree. The four-year degree program for pre-med students in the College of Letters and Science involves the completion of three fundamental groups of requirements: (1) the general degree requirements, (2) the requirements for a specific major, and (3) the courses (mainly sciences) that medical schools require for admission. By planning, you can complete these in a four-year course of study providing you determine soon enough that medicine is for you. In one sense, the only difference between the pre-med student and other students in L&S is that the pre-med student has to complete the third set of requirements while other students do not. **Incidentally, it does not matter if you choose a BA or BS degree in Letters and Science. Also, while we make reference often to L&S, at UW-Madison pre-meds can be enrolled in virtually any of our undergraduate schools or colleges.**

In planning your basic strategy, look to your long-range goals, and remember that an increasing trend among medical schools is to value a broad general education. To be sure, you need to be strong in basic sciences, but it is also very important to study humanities, arts, social studies, and communication skills. As you plan each semester, try to develop study lists with a variety or diversity of courses. In all likelihood, your undergraduate years will be the last opportunity to pursue a broad liberal arts education. Since medical schools focus their courses on professional preparation, ALL pre-meds should think of alternatives to a professional school from the very beginning. Not all pre-meds or pre-dents are accepted. It is possible and desirable to develop alternate careers in the health sciences along with everything else through the undergraduate years.

As a pre-med student, you normally will take ten to twelve science courses, plus math through at least trigonometry (including AP), and six credits of English to complete the admission requirements of most medical schools. You could distribute these courses over eight semesters of undergraduate work, but it is much better to complete the majority of them by the end of your sixth semester or junior year because they are necessary preparation for the Medical College Admissions Test or the Dental Admissions Test.



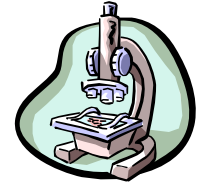
If you take ten to twelve science courses in six semesters, obviously you will have to double up on science courses somewhere. When you do this depends on several factors; for example, your aptitude, interests, study habits, extracurricular activities, outside work, and general stability.

Beginning pre-med students should consider first where they stand with mathematics. In high school, you should have completed **at least** three years of math, and preferably four. If you are a non-science major, completion of college algebra and trigonometry will satisfy the basic math requirements for our medical school (although a semester of calculus is recommended). If you intend to major in a science, you should take a calculus sequence, most likely Math 221-222. (Calculus is not required in the general BA degree requirements, but it is one of the math options for the BS degree.) Students who know they will need more math should take it before or concurrently with other subjects that may require it. The wise pre-med will take math in the **FIRST** semester enrolled.

Once you have assessed your mathematics situation, consider chemistry. Since at least four courses in chemistry are required, it is very important to start chemistry in your first semester. Depending on your preparation and ability, you may choose between Chemistry 103 or 109. The difference between these courses are more mathematical than chemical. Chemistry 109 is offered only in the fall semester and entry is restricted to students who have scored 700 or above on the GAMMA math placement test. Chemistry 115-116 is a special introductory course offered to about 40 of the most qualified freshmen each fall. By your second year, you may start organic chemistry. Important: although the organic lecture and laboratory are considered a unit, you must take the lecture course (343) first, then follow it with the laboratory. You may take the organic lab (344) concurrently with the intermediate lecture course (345).

You may be thinking about taking biology your first semester here, but we think it fits much better in the sophomore year. There are two tracks in zoology (see Pre-Medical Program Requirements section). You may apply for the Biology Core Curriculum that requires prerequisites of Calculus 221 or 211; Chemistry 104, 109 or 115; and concurrent registration in Organic Chemistry 343 and Biocore 301-302. Or, you may opt for Zoology 101-102 followed by Botany 130; or Biology 151-152, which is a two-semester sequence. The UW's Biology Core Curriculum provides excellent preparation for medical school-- but remember, you have other options that also provide solid preparation for medical school. Additional information about the Biocore sequences may be found in the *Undergraduate Catalog* (www.wisc.edu/pubs/ug/) or from the Biocore Office, 361 Noland Hall (www.biocore.wisc.edu/biocore).

Regarding physics, you may begin with either 103, 201, or 207. We feel that, generally, unless you major in physics or another major such as chemistry that will require physics for some of its courses, it is less important to begin physics in your first two years than to begin chemistry and zoology. That is to say, physics may well be a course for your junior year, and in fact more than half of our pre-meds have been taking their physics then. Many students are completing their second semester of physics at the time of the spring MCATs.



For most health science students, your first semester study list should be three to four courses with 13 to 16 credits. One caution: don't worry too much about meeting requirements. In general, *no more than two science courses* should be taken in a given semester unless you have specific reasons for it and the idea makes as much sense to an advisor as to you. Chemistry and math are the usually recommended "pre-med" courses for your first year. (Refer to the pre-med planning guide on page 8.)

In general, take course work at the highest level for which you are qualified and with which you feel comfortable.

If you want to work in unusual depth in some courses along the way, you should consider taking them for Honors credit. It isn't one or two courses taken at a more difficult level that matters very much; it is the overall pattern over a period of several semesters that begins to add weight to your undergraduate achievement. This is generally true whether you apply to medical, dental, or graduate schools. Stretch yourself, but don't overextend yourself. Freshmen should begin with some caution until they understand what "stretch" and "overextend" mean to them. Take your work a semester at a time and evaluate as you go along.

An additional word of caution: courses required for your general degree requirements or for your major *may not* be taken on a pass/fail basis. Medical school prerequisites definitely *should not* be taken pass/fail and not all medical schools are happy to see much elective work taken pass/fail. Be that as it may, up to ten courses not meeting specific requirements may be taken on a pass/fail basis if you qualify. Get information and a sign-up form at 70 Bascom Hall before the end of the fourth week of classes in the semester in which you choose to exercise this option.

The Early Decision Program (application to one school only for an early admission decision) requires AMCAS applications between June 1-August 1. Familiarize yourself with the AMCAS central application system (www.aamc.org/students/amcas/start.htm). Pre-dents use the AADSAS central application service (<http://aadsas.adea.org/>). Students going into osteopathic medicine use AACOMAS (<https://aacomas.aacom.org/>). Information on these services is available on the SAA website.

QUALITY OF WORK

As an undergraduate student, aim for the highest quality of academic achievement and extracurricular activities of which you are capable. Students applying to medical school may have studied the same general pre-med curriculum, but one significant difference will be in the quality of preparation reflected in grades, the courses chosen, volunteer and leadership activities, and even the relative strength or standing of the university or college attended (UW-Madison is generally very highly regarded).

If you plan to attend medical school immediately after completing a four-year undergraduate degree, you have six semesters and perhaps a few summers to establish and present your case to admissions people. What kind of a pattern will you establish? In this case, consistency is a virtue--admissions officers look for steady progress; 15 credits or so each semester; a balance between the sciences, humanities, and social sciences; and, generally, a 3.6 or better GPA, overall and in the sciences.

Grades aren't everything, but they cannot be dismissed lightly. The UW School of Medicine and Public Health Fall 2006 freshman class had an average 3.74 GPA. Any average figure does not indicate the lowest or the highest GPA; however, overall grade point averages of 3.3, for example, are undoubtedly marginal for admission to most medical schools, including the UW's.

Sometimes students have a difficult semester for some unforeseen reason--poor health, adjusting to the campus, family or relationship problems, etc. Or perhaps a student will have difficulty with a particular subject outside pre-med studies, such as Psychology 202. Although an A would be ideal, a C in the course will not be significant when it comes down to the admissions wire. A poor semester in itself will not be damaging. It's important, though, how you snap back or recover. Once again, positive trends and consistency of overall good work in your preparation are an advantage for you.

On the other hand, if you have difficulty in doing well in key pre-med courses, you should carefully reevaluate your situation and goals. Obviously, the sooner you can do this, the better.

**THE MEDICAL COLLEGE ADMISSIONS TEST (MCAT)
THE DENTAL ADMISSIONS TEST (DAT)**

An important part of applying to a medical school and to many other schools in the health professions is taking a general test of your academic achievement. Materials describing the MCAT tests are available at the AMCAS website (<http://www.aamc.org/students/mcat/>) and other pertinent sites.

Medical (allopathic and osteopathic), and podiatric schools require students to take the MCAT. The general format is not far removed from the SAT or the ACT, which you may have taken in high school. However, the content is, of course, quite different. If you want more detailed information, bookstores sell manuals that describe, outline, and provide sample questions and practice tests. AAMC also offers practice tests on their website. Some companies offer courses on preparing for the MCAT--it is up to each student as to whether he/she feels such a course will be of value. There is nothing wrong with taking a review course from a reputable firm. The major drawback is the cost. We do not recommend that every student use his/her time and money in this manner. The course may, however, help you become familiar with the test format and structure, which is also essential. Regardless, review of your course work before taking the MCAT is crucial. If you are a good self-disciplinarian, you can do it on your own. On the other hand, if you have trouble making yourself review, an expensive program might be a real incentive. More recently, SAA has offered a lower-cost course. Check to see if space is available.

There is nothing mysterious about the MCAT. This exam is now web-based, and you can take it on-line several times during the year, with morning and afternoon sessions available on weekdays and Saturdays. The tests are administered at centers in every state, the District of Columbia, and Canada (check the AAMC site for updates about testing in foreign countries). You get your results in 30 days, twice as fast as for the old paper tests. In the future, this time frame may be even shorter, as the test undergoes revisions.

You must register on-line for the MCAT. Registration usually begins six months before the test date. Check the website, www.aamc.org/mcat, to confirm when you may register. Register early because test locations may fill. Also, late registrants must pay an additional fee.

The MCAT exam includes four sections: *Biological Sciences*, *Physical Sciences*, *Verbal Reasoning*, and a *Writing Sample*, requiring 4.5 hours (plus breaks); the total test day is 5 hours and ten minutes. You will be given an appointment time when you register; some test periods are in the morning, and some are in the afternoon.

Test Section	Number of Questions	Time
Tutorial (optional)		10 minutes
Physical Sciences	52	70 minutes
Break (optional)		10 minutes
Verbal Reasoning	40	60 minutes
Break (optional)		10 minutes
Writing Sample	2	60 minutes
Break (optional)		10 minutes
Biological Sciences	52	70 minutes
Survey		10 minutes
Total content time		4 hours 20 minutes
Total test time		4 hours 50 minutes
Total appointment time		5 hours 10 minutes

The **Physical Sciences** test covers physics and general chemistry. Problem solving is the major required skill, and answering the questions requires integrating two or more science disciplines.

The **Verbal Reasoning** test draws upon materials from the humanities, social sciences, and natural sciences. It assesses your ability to comprehend, reason, and think critically. Subject matter knowledge in the humanities, social sciences, and natural sciences will not be tested.

The **Writing Sample** requires two 30-minute essays to test critical thinking and writing skills. Topics are provided for the essays and do not test subject matter knowledge in the sciences. Topics do not ask about reasons for choosing a medical career or test knowledge of the medical school application process.

The **Biological Sciences** test focuses on the biological sciences with integration of knowledge and problem solving in biology and organic chemistry.

Pre-meds should not take the MCAT until they are properly prepared, with most of the pre-med courses behind them (Students planning a junior year or semester abroad must plan ahead for taking MCAT).

Test scores are sent automatically to the American Medical College Application Service (AMCAS) or the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS). They are your “primary” applications required by most medical schools. (After receipt of the applications, med schools will forward you their “secondary” or “supplemental” application.). Application materials for AMCAS are available around May 2; check the AMCAS website, www.aamc.org/students/amcas/start.htm for details. AACOMAS applications are available around May 15; details at <https://aacomas.aacom.org>). On the MCAT registration form, or later through the AAMC website, you also can designate medical schools not in AMCAS to receive your scores. You will receive a copy of the results, too, including your percentile standing in each category. A 15-point scale is used for reporting scores on the biological sciences, physical sciences, and verbal reasoning sections. The essays will be given alphabetical scores, J-T, to keep them distinct from the other test scores.

If you wish, you may take the exam up to three times. We have no firm data on how much improvement most students show if they re-take the MCAT, but we suspect that unless the circumstances were unusual the first time; the difference would not be significant.

The best preparation for the MCAT is simply doing a good job in a varied college program that includes completion of the pre-med required courses. Your scores will reflect what you have retained from literally years of school--including high school. This is why it is futile to try to cram for the MCAT, although a thorough and systematic review is an excellent idea. You might consider brushing up on math concepts, reviewing biology and anatomy, and reviewing your general and organic chemistry notes.

Part of the anxiety pre-meds have about the MCAT is the uncertainty of the relative weight medical schools place on the results. You have to live with this, because the weight will vary from school to school (depending on the correlation they have learned to expect between MCAT scores and success in their particular program) and even from applicant to applicant. We do not have firm data on the specific differences in practice from one medical school to the next, and there is probably no reliable way to compile such data.

Nevertheless, we can make several general points. Actual classroom achievement as reflected in your record carries more weight than test predictions, which are at best one step removed from performance. You simply hope both are equally favorable and confirm each other. If they are not equally favorable, good class work offsets mediocre MCAT results more than vice versa. It may not often be this simple, because individuals' situations are too varied. If your record reflects some mediocre work mixed with the good, favorable test scores validate the good side and could tip the balance in your favor. If you tend to have a fine record but the medical school knows little about your undergraduate school, good test scores help confirm that your record represents real achievement and not simply easy conditions.

We suspect that pre-meds themselves often view the MCAT results as being more monolithic and absolute than do medical schools. Give admissions committees credit for being able to interpret the scores in light of the course work you have had when you take the exam. Although we cannot offer statistical proof, all in all we feel there are more ways MCAT results can help you than hinder you if you prepare sufficiently for the test. The UW School of Medicine and Public Health's incoming class for 2006-2007 scored an average of 9.9 for verbal reasoning, 10.5 for physical science, 11.0 for biological science, and a P for the writing section on the MCAT. Nationally, matriculants to all medical schools in 2005 had mean scores of 9.7 on verbal reasoning, 10.1 for physical science, and 10.4 for biological science.

If you plan to enter dental school, you can get information about the Dental Admission Testing Program at SAA or visit www.ada.org/prof/ed/testing/dat/index.asp. The test is administered solely on computer, and is offered throughout the United States and its territories; it is not offered in foreign countries. Candidates may be scheduled for the computerized DAT on almost any date. There is no application deadline. For additional information, contact: Department of Testing Services, American Dental Association, 211 East Chicago Avenue, Chicago, IL, 60611-2678, (312) 441-2500. Much that we have stated about preparation for the MCAT also applies to the DAT. The DAT includes sections on the Natural Sciences, Perceptual Ability, Reading Comprehension, and Quantitative Reasoning.

EVALUATIONS AND CREDENTIALS

Letters of recommendation help round out a medical school's view of you in a way that your academic record alone, no matter how impressive, cannot do. Plan carefully when you select people to write letters for you because there are limits to the number of letters you can send to admissions committees. The University of Wisconsin School of Medicine and Public Health requires three academic letters plus one non-academic, and will accept others from employers, advisors, etc. Some medical schools ask for as few as two letters of recommendation.

Considering that you may have only four or five letters in your file, who should write them? Professors who know your work well will leave an impression. Admissions committees are not going to be impressed by letters from professors who write something like "she got an A in my course therefore, she must be a good student." Make it a point to know three or four teachers well enough for them to make reasonable statements about you and your work. Most medical school admissions committees prefer at least two science professors among your recommenders. You may also want to provide a "research" letter of recommendation.

You should plan to get letters of recommendation as you go along. Ordinarily, it isn't necessary to ask someone to write an evaluation for you during the freshman year. However, you might plan to collect a couple of letters in each of your sophomore and junior years. Obviously, it is difficult to get letters from people in several disciplines, but try for some variation with a preference for the pre-med sciences. To repeat, ask people who know your work best.

THE REFERENCE LETTER CENTER (RLC) AND INTERFOLIO

The procedure for building a file of letters is simple. We have established the Reference Letter Center (RLC) as a part of L&S/Human Ecology Career Services. The RLC is located on the 2nd

floor of the William S. Middleton Building, 1305 Linden Drive. The phone number is 262-8115. The process is now on-line through Interfolio: you can set up an on-line portfolio in just about two minutes, making it easy for letter-writers to submit the letters and easy for you to have them sent out. Go to <http://www.lssaa.wisc.edu/careers/reference.php> to explore this option, which starts at \$15 a year. Once you set up an account, you can download a pre-med evaluation cover sheet for your letter writers to fill out. It is important to obtain letters of recommendation by the end of your junior year if you plan to apply during your senior year. Be sure to allow sufficient time for requesting the letters, with time for them to be written, returned, and processed. Medical school deadlines require early mailing of letters of recommendation, so plan accordingly and do not wait until two weeks before the deadlines!

At the beginning of your senior year (or when you apply to medical schools), you will want your letters forwarded to schools of your choice. When you make application, provide the RLC with a list of the schools you are applying to and your credentials will be mailed promptly. Letters are mailed **only** to admissions people in medical, dental, and other health professions and graduate schools. They should all be confidential and on letterhead. For additional information, visit the RLC website at www.lssaa.wisc.edu/careers.

Transfer students should have some of the evaluation sheets sent to instructors at schools previously attended, especially if they will be spending a limited amount of time on this campus.

A final point on this subject: pre-meds are often too sensitive about choosing faculty to ask for evaluations, feeling that somehow if they did not earn an A, their instructors are eager to trumpet their "inferiority" to the world. Outright bad evaluations are rare, unless you have been dishonest in a course. Your instructor may note some chinks in your armor, but then few medical schools will believe you have no weaknesses no matter what he or she tells them. Most commonly, the instructor will note your particular strengths--analytical ability, broad interests, care in technique, ability to grasp and order a mass of information, and the like. At any rate, it is only common courtesy to ask the person if you can have an evaluation sheet sent out, and then if your teacher plans to be hard on you he or she will probably tell you.

DECISIONS

Your Undergraduate Major

There is value in majoring in a discipline that interests you, even if you know you are not trying to become a professional in that field. Doing so is intellectually worthwhile for its own sake. A medical school admissions committee may like to see evidence that you can set up an academic goal--a major program that hangs together and means something in its own terms--and then accomplish it.



What, then, about majors? How do you end up satisfying both yourself and medical schools? The traditional reply from a lot of pre-meds has been something like, "Zoology, Biology, or

Medical Microbiology & Immunology is pretty much my choice." Indeed, more pre-meds at Wisconsin major in these areas than any other. But many pre-meds major in other areas such as psychology and Spanish.

We emphasize, however, not what major you end up with, but whether you have started with a wide enough choice. If you end up scratching along and marking time in, say, a zoology major instead of English, which you very much prefer, then you have defaulted on an important freedom of choice and you will probably find no one (including admissions committees) applauding your move. Granted that your total record must satisfy the medical schools to which you apply, you may find them easier to please than you suspect in regard to majors. Here you should read the Association of American Medical Colleges pronouncements in *Medical School Admissions Requirements (MSAR)*. We underscore this: *You are asked to choose a major that interests you, and to demonstrate your ability in the sciences regardless of your major.* There is one rider--the fewer your courses in science, the more uniformly well you need to do in them to demonstrate your science ability. Professional or vocational majors, such as engineering and business, would certainly not disqualify you, but it could raise the questions "What direction do you really want to take?" and "Where will you get your breadth courses, i.e., humanities, social studies and art?" Students in various professional colleges might find it helpful to discuss their particular goals and intentions with a pre-med advisor. Such talks should be held early in your college program.

One caution: Discussing majors tends to make people too label conscious, as if a major somehow defines a person. Try instead to think in terms of your complete program, all your courses inside and outside the major, and the total record that will reflect this. Most majors in Letters and Science allow for unusual freedom of choice, since your major will not usually exceed 40 credits. For example, the student majoring in philosophy is free to elect courses in zoology if he or she likes, as well as a wide range of work in other departments. All this is clear on your transcript, which is what people will read, not your diploma.

Which Degree?

Two kinds of degree programs are available for training to be a physician: Doctor of Medicine (M.D.) and Doctor of Osteopathic Medicine (D.O.).

Doctor of Medicine (M.D.)

Probably, most of the physicians with whom you've interacted have been M.D.s, as there are more medical schools offering this degree. The medical schools in Wisconsin and Minnesota confer M.D. degrees. Extensive information on M.D. careers and programs is available at www.aamc.org.

Doctor of Osteopathic Medicine (D.O.)

Osteopathic physicians, also known as D.O.s, work in partnership with their patients. They consider the impact that lifestyle and community have on the health of each individual, and they work to erase barriers to good health. D.O.s are licensed to practice the full scope of medicine in all 50 states. They practice in all types of environments, including the military, and in all types of specialties from family medicine to obstetrics, surgery, and aerospace medicine. Information

about a career as a D.O., the degree program, and schools which offer it is available at www.aacom.org/index.html.

Further, many schools offer programs that combine an M.D. or D.O. with another professional degree. The American Association of Colleges of Osteopathic Medicine’s website (www.aacom.org/index.html) provides links to all 20 of the schools which offer D.O. degrees, most of which offer opportunities to combine the D.O. with another professional degree such as those listed below. The AAMC *Curriculum Directory* (<http://services.aamc.org/currdir/start.cfm>) provides a comprehensive description of M.D. student education programs, including the following combined degree programs:

- M.D./J.D. (law)
- M.D./M.B.A. (business)
- M.D./M.P.H. (public health)
- M.D./Ph.D. (see below)

M.D./Ph.D. Integrated Degree Program at UW School of Medicine and Public Health: Medical Scientist Training Program (MSTP)

Website: <http://mstp.med.wisc.edu/>

The UW School of Medicine and Public Health’s M.D./Ph.D. degree is sponsored jointly by the Medical School and Graduate School of the University of Wisconsin. Its goal is to combine high quality medical training with a rigorous Ph.D. thesis in a departmentally based or cross-campus graduate program. UW is uniquely positioned to do this. Our School of Medicine and Public Health I is an integral part of a world-class research university that is strongly oriented towards graduate education. Faculty members in and outside of the School of Medicine and Public Health recognize the importance of the M.D./Ph.D. degree and welcome its students for rotations, for thesis work, and/or for special advice and help with thesis projects. MSTP students have gained recognition for tackling risky and difficult projects and advancing understanding to a level that could not have been anticipated at the inception of the project. Medical training is done in a friendly environment alongside very talented and highly motivated members of School of Medicine and Public Health classes.

Admission to the Medical Scientist Training Program at the University of Wisconsin-Madison is competitive. Admission is limited to U.S. citizens and internationals with permanent visa status, and is made without regard to an applicant's in-state or out-of-state standing. Candidates should demonstrate notable academic credentials and strong research interests, experience, and potential.

The general curriculum configuration of the MSTP is:

Medical School Didactic	Graduate School	Medical School Clinical
2 years	Approx. 4 years	2 years
Summer Gross Anatomy (optional)	Clinical Mentoring	3rd year Clinical Rotations

Summer Research Rotations (optional)		
Required Coursework	Required Coursework	Residency Applications
Selection of Laboratory	Departmental Requirements	Residency Interviews
Boards Step I	Dissertator Status	Boards Step II
Clinical Rotations	Thesis Defense Transition to Clinical	Graduation

M.P.H. Program at the UW-Madison School of Medicine and Public Health:

Website: <http://www.med.wisc.edu/>

The collaborative program pulls together UW-Madison faculty who are active in public health-related research, teaching and outreach programs. Faculty come from: UW School of Medicine and Public Health departments of population health sciences, family medicine, and biostatistics and medical informatics; the UW-Madison departments of nutritional sciences and social work; the UW schools of nursing, pharmacy and veterinary medicine; and the LaFollette School of Public Affairs. Public health professionals and agencies across the state also are partners through the MPH advisory board and student preceptorships. Students in the program must complete 36 credits of core curriculum and elective coursework, an eight- to 12-week preceptorship with an MPH partner organization, and a project in public health that integrates what they've learned.

Program graduates will likely pursue careers in academic settings, governmental health agencies and the private health sector where they will be able to apply their expertise and skills to urgent public health problems, notes Remington. The MPH program also will provide continuing professional education for state and local public health practitioners and enable health professions students to combine training in their primary discipline and in public health. Applicants must have a BA or a BS with a strong academic performance (3.0 or higher) and the appropriate coursework.

Which School?



One of your big decisions will be selecting schools. This often produces uncertainty and frustration on your part and, unfortunately, we do not have the resources to make your decision simple. Everyone wants a "good" medical school, and this is laudable enough, but not much help. How many "bad" medical schools are there? We frankly feel that many pre-meds are referring to status -- a medical school's fame -- more than its objective characteristics, and the two may not always be the same thing. Others are more concerned with finding those schools where they are likely to be accepted with a given record. Of course, pre-med advisors are not much help here because they aren't privy to special information that might have a bearing on problems of this sort. We cannot give you final answers.

Nevertheless, there are points and procedures that can lessen the burden of choosing. First, we think you should assume, until you learn otherwise, that an accredited medical school has the people and facilities to do the job. This is not to say that there are not striking differences in financial support given medical schools, in the size of the faculty, in the prevailing teaching and learning style, in the amount of faculty assistance given to students, and in the physical facilities.

Second, if you are concerned with reputation, apply to those schools you have heard most about--remembering, of course, that a lot of other well-qualified students have heard about them, too, and that reputation alone does not mean that this is the best medical school for you. Don't depend on published "rankings." Rankings are often tied to research, not clinical education. Find a medical school whose approach to learning (case-, system-, or problem-based, etc.) appeals to you and the way that you prefer to learn.

Third, recall the rule of thumb that the general reputation of a med school will be similar to the reputation of the parent university.

Fourth, the home state, tax-supported medical school will give you THE BEST ODDS for admission because of residency preference. This is true in Wisconsin and in most other states. Applying to medical schools in the state where you claim residency cannot be over-stressed. Of course, the reverse is also true--avoid applying to tax-supported schools outside your home state. This will save you money and keep you from building up false hopes. Nonresidents of Wisconsin have a low level of acceptance at Madison even if their undergraduate preparation was done here. In the Appendices, you will find statistics that illustrate trends, as well as a "profile" of a freshman medical school class at UW and an entering class at the Medical College of Wisconsin in Milwaukee, and similar information for the Marquette University and University of Minnesota Schools of Dentistry.

Fifth, consider geography. There is something about regions that seems to operate in the admissions process. Very few students who are not residents in a western state are admitted to California schools (see *MSAR* state and regional policies of admission). If you are thinking of applying to a foreign medical school, speak first to your advisor.

Sixth, use the information in *MSAR* on "Deciding Whether and Where to Apply to Medical School." That section of the *MSAR* includes discussions of race, sex, marital status, and age. It also includes several tables and charts of statistics on admission into medical schools. We recommend going from this section to the sections on individual medical schools. Note the specific entrance requirements. Note costs. When your funds are limited, you may find a state-supported medical school in your home state to be the most desirable. Some schools discuss recommended electives and programs under "Requirements for Entrance." These can give you some idea of the kind of preparation the school is looking for, and you can compare this with the kind of undergraduate program you feel is best for you. The "Selection Factors" sections can be very informative and ought to reflect any variations between medical schools on the sort of person best suited to their particular program. Do not overlook the possibility of a separate graduate degree other than an M.D. or D.O., or a combination of the Ph.D. and M.D. or D.O. With pre-medical and medical students increasingly interested in medical research careers, these graduate study combinations could be important to you.

Pre-dental students will find similar information in the *Admissions Requirements of U.S. and Canadian Dental Schools* handbook that is published annually by the American Association of Dental Schools (available in SAA, 70 Bascom Hall). Knowledge of details and facts from this source can be very helpful in decision-making.

Seventh, for M.D. programs, consult the *AAMC Curriculum Directory*. This directory contains curriculum information on all accredited medical schools in the U.S. and Canada. Information is given on such topics as specific curriculum of each medical school, information for the applicant, combined M.D.-Ph.D. programs, electives, instructional innovations, grading, and curriculum administration. The *Curriculum Directory* will allow you to keep abreast of changes and can be found by visiting <http://services.aamc.org/currdir/start.cfm>. A copy is also available in SAA, 70 Bascom Hall. For D.O. and combined D.O.-degree programs, visit www.aacom.org/index.html.

All these things are just preliminaries which, at best, can help you rough out a list of promising schools. Stage Two means checking websites, attending medical or dental school workshops, writing for catalogs and asking many of these same questions again as you read them carefully. Pay particular attention to the curriculum, as well as the philosophy of teaching, of each school. You will note differences between schools that will help you better match your interests and learning style to particular schools on your initial list.

At this stage, too, you should begin consulting people, if you have not already. Here is where fellow students a year or two ahead of you become helpful. If one or two have gone to a school that interests you, contact them for their impressions. You should expect in reply a mixture of loyalty and frustration, since medical education is nowhere designed as a picnic. In comparing such comments, you may get a feeling for some real differences in climate and nature among medical schools.

Family doctors or other physicians and dentists you know would seem to be another good source for general evaluations of professional schools. They may be, if you talk to enough of them. While the average practicing physician may know some useful things about a small number of schools, the person is an expert mainly on what his or her school was like when he or she was there. Any physician, of course, may be a very good source of comment on what the human problems within medical education and medical practice are like. We feel this is something that pre-meds need to think about more. Entering a medical or dental school tends to be a permanent step in terms of setting a certain direction for the rest of your life.

Another resource that is often thought of last, but perhaps should be considered first, is the staff of the medical schools themselves. There is not much point in beating the bushes far afield for information if a call or, if possible, a visit to the source will bring it. Whether by telephone or in an email, ask questions that can be answered. "What is your school like?" is a good challenging question, but it is probably what the Dean has been asking himself or herself for some time and is very general. Show that you know what the catalog says and that you have designed your questions thoughtfully. You might ask about the policies and procedures that will be used to select new students. You might ask for specifics about the amount of faculty attention and aid available in the freshman classes or whether the school considers itself to have certain special

emphases. You might describe your program and scholarship and ask whether you might be seriously considered.

Finally, in this matter of choosing schools, it is good to remember one thing: having a particular diploma on the wall never cured a patient. You, your effort, motivation, and drive will determine the quality of your medical education much more than will your school--which can only give a framework.

Making Application

The American Medical College Application Service (AMCAS)

The American Association of Dental Schools Application Service (AADSAS)

The American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS)

In the summer before you begin your senior year and into the fall, you will make application to medical, dental, and other professional schools of your choice. Students applying to any participating allopathic schools must submit web-based applications through AMCAS. AMCAS applications are available online at www.aamc.org. Most schools which offer the D.O. degree use AACOMAS, available at <https://aacomas.aacom.org>. The central dental school application service, AADSAS, is available through <http://aadsas.adea.org>. Please note that not all schools use these services. You may also find yourself applying to schools that want you to submit your initial application directly to them. Pay close attention to the admissions information provided through brochures and websites of the schools to which you apply.

Also, you should ask the Registrar to forward an official transcript of your work to AMCAS (or AADSAS or AACOMAS). You can do this through their website. If you have taken work at more than one campus, you *must* submit a transcript from each campus. Transcripts should be requested promptly. Note: Because UW Study Abroad programs appear on your UW transcript, you do not need to request transcripts from those institutions you have attended as a part of a UW Study Abroad program.

Once AMCAS, AADSAS or AACOMAS has received your online application and transcript(s), it will take approximately 4-6 weeks to complete the processing cycle. Once that is done, your application will automatically be mailed to all the schools you have indicated on the designation form. Deadlines for submitting applications are set by individual schools.

The medical schools will then inform you of further steps necessary to complete your application. These often include the submission of a supplementary or “secondary” application form, which is the individual med schools’ own application. It is best to submit letters of recommendation when you are returning your secondaries.

AMCAS charges a fee according to the number of schools to which an applicant applies. Additional application fees will be assessed by each medical school. AMCAS does not make admissions decisions.

Some other health professions schools have central application services. All of these application services serve a similar function and purpose. Information about them is available on the websites in “Appendix J: Pre-Health Professions Websites.”

Application Procedures for UW School of Medicine and Public Health

Website: <http://www.med.wisc.edu/education/md/admissions/>

Applicants may choose between two admission paths: the Early Decision Program or the Regular Decision option. Regardless of the path chosen, all applicants must file an application through AMCAS.

Early Decision Program (EDP): Applicants who select the UW School of Medicine and Public Health as their first and only choice for medical school may apply for an early decision by submitting an AMCAS application by August 1. These applicants must be Wisconsin residents and cannot apply to other medical schools while their EDP application is under consideration. In addition, they must have taken the MCAT no later than April during the year of application. EDP applicants are guaranteed notification of a decision by October 1. Accepted EDP applicants cannot apply to other medical schools. After October 1, applicants not accepted under EDP are free to apply to other schools and may request consideration in Regular Decision admission.

Regular Decision: Applicants who choose to apply to the UW School of Medicine and Public Health via the traditional route can apply through AMCAS between June 1 and November 1 and usually apply to a number of additional schools as well. Decisions are made throughout the year.

Upon receipt of the AMCAS application, an initial screening will determine if the applicant is to receive the UW Secondary Application. Qualified applicants will be sent application procedures and a pin number to access the on-line Secondary Application. The deadline for receipt of the UW Secondary Application is December 1.

The UW Secondary Application is an important part of the information considered by the Admissions Committee. Therefore, it is the responsibility of the applicant to present himself/herself in the most accurate and thorough manner possible. It is important that the application and essays are well written and that letters of recommendation are strong. Applicants should solicit letters from individuals who are in a position to provide informed and objective viewpoint regarding the applicant’s academic, employment, service oriented, and/or health related experiences. The letters should address one or more of the following: academic performance and intellectual ability, character, integrity, motivation for medicine, ability to relate and communicate with others, personality and emotional stability. Selection is on a competitive basis. It is essential to present the best application possible.

Applicants who qualify for a secondary application may be invited to Madison for an interview day, a mandatory and integral part of the application process. Interviews are by invitation only. The interviewers' written reports become a part of the application and are intended to assist the committee's evaluation of the applicant's personal qualities. In unusual circumstances, applicants who are unable to visit the campus can request an interview near or within the applicant’s community. Such requests will be handled on a case by case basis.

Transfer Applicants: Wisconsin residents attending a foreign medical school or persons attending an accredited U.S. allopathic or osteopathic medical school may apply for admission to begin in the third year of medical education at UWMS. Passing Step I of the National Boards is a pre-requisite for application. In addition, the student must be currently enrolled and in good academic standing. The transfer applicant's performance during the first two years in medical school and clinical experiences equivalent in scope and quality to the U.W. Medical School's are essential considerations. Transfer applicants will be evaluated on the same criteria that are considered in the regular admissions process, such as undergraduate academic performance, post-baccalaureate academic performance, motivation, prior work experience, and personal characteristics as revealed in the letters of recommendation. Acceptance is dependent on availability of openings.

Information for Minorities and Socio-Economically Disadvantaged Students

Most medical and other health professions schools are committed to increasing the number of physicians from underrepresented ethnic groups and providing educational opportunity to individuals who have confronted socioeconomic and educational disadvantages. Applications are encouraged from resident and nonresident Black/African-Americans, mainland Puerto Ricans, Chicano/Mexican-Americans, Native American/American Indians, Southeast Asian and all socio-economically disadvantaged persons, regardless of ethnic identity. See Chapters 6, 8 and 9 of the *Medical School Admissions Requirements (MSAR)*.

Additionally, specific programs provide assistance in preparing for a health professions degree: *Summer Medical and Dental Education Program (SMDEP)*: Sponsored by AAMC, visit <http://www.smdep.org/>

Health Career Opportunities Program (HCOP): For both minority and socio-economically disadvantaged students. Provided through individual schools. SAA's website has information on some programs: http://www.lssaa.wisc.edu/ljac/med/summer_med.php/ An internet search on "hcop" will list other institutions.

The Appendices to this handbook include admissions information for minority and socio-economically disadvantaged students.

Medical Specialty

We include this under "Decisions" because the decision on a medical specialty is one that fairly often is made about four years too soon. Sometimes a premature decision is made and then has to be changed. Our argument is that decisions are difficult without an adequate base, and that you won't develop that base until you are in medical school (or later) and begin to get a realistic view of what a specialty involves. Think and learn about specialties as much as you want and as intelligently as you can, but keep the horse before the cart. An example might be the student who is intent on becoming a psychiatrist if he or she can get by the "nuisance" of science courses now and in medical school. This student has a much more elemental decision to make--whether he or she really wants to be in medical school at all--before a real decision can be made about psychiatry.

YOUR CHANCES

"**Will I get in?**" This concern sets some pre-meds on edge too much of the time, and nobody--advisors, faculty, medical schools, parents, and least of all pre-meds themselves--is happy with the preoccupation. The anxiety thus generated does not always even stimulate better academic work. In excess, it can freeze you up.

Then how to exorcise this demon? It won't wish away because it generates the same waiting doubt as does any deferred goal requiring unusual effort and achievement over a prolonged period. You might try, however, accepting some anxiety as inevitable, but transforming it into a more productive question: "Should I get in?"

You may have taken "getting in" as a kind of self-evident good. But for a moment we have to shift from "what *I* would *like*" to another focus--responsibility. And if ever a profession demanded the responsibility of being a good practitioner, it is medicine. Seen in this light, you have to ask yourself some searching questions:

- "If I haven't the intellectual horsepower to do "B+" or better work in most courses, including the pre-med sciences, can I get and retain what I must to succeed as a medical student and (more important) to practice well?"
- "If I am brilliant but haven't settled down to the point where I can be consistent, course to course, semester to semester, uninteresting work to interesting; can I honestly expect suddenly to start keeping myself turned on whenever somebody else (professor or patient) requires it?"
- "If I am not extremely intelligent, but by constant study and by choice of the simplest courses can barely approach a "B" average, can I stay above the ragged edge in med school, and can I survey, evaluate, and assimilate the flood of new materials needed every year just to stay abreast of the profession?"

We all know the person whom these questions wash right over and who bobs up saying that the ambition to be a doctor has been the central fact of his or her existence since age twelve, regardless. No one can knock dedication, and some pre-meds need more of it. If you are not comfortable with the answers to the above questions, your dedication may be mainly to yourself. Your primary concern should be with the people or research you are to serve, not with yourself. You should recall that these questions are the ones the medical school admissions committee will be asking when it looks at your application. Seen in this light, we think you are justified to say, "If I should get in, that is, if I have the qualifications--I likely will."

We think two other demons are worth casting out. One is the idea that a medical school simply lines up its applicants in order of overall GPA and admits everyone down to a certain fixed cutoff. The other is the idea that selection is mysterious, inexplicable, or at least inconsistent. If either were the case, one would marvel at the schools investing time, money, and talent in faculty admission committees and officers to do such mechanical jobs. This is not to say that scholarship or academic performance is not the dominant factor. But remember that no one thing in the total record--overall GPA or anything else--is sensitive enough as an indicator to be the sole basis for the committee.

The University of Wisconsin School of Medicine and Public Health and most other medical schools have highly individualized admissions procedures for the appraisal of science and non-science academic areas, motivation for medicine, ability to interact with others, breadth of involvement, general personality and emotional condition, and a variety of other considerations.

Assuming several things--i.e., that you are fairly consistent from semester to semester, that you can do "B+" or better work in your required pre-med courses, that your work has been at a reasonably challenging level, that your MCAT scores are respectable, that you have participated in extracurricular campus or community activities, that you have done volunteer or paid work, and that your evaluations or recommendations do not make you out a villain--we can at least say this: as your GPA rises above 3.6, your chances for admission to some medical school increase markedly. It is not honest to try to sound more definite than this. It may be useful to know that applicants who were accepted at the UW School of Medicine and Public Health for 2006 had an overall average of 3.74. According to *MSAR*, the mean undergraduate GPA of first-year entrants for Fall 2005 entering class was 3.63 (at all medical schools).

Medical schools vary in the amount of competition for each place in the class and in the precise emphasis they give to the various admissions factors, including high grades. It is much easier to identify this fact than to nail down the differences. Those students who do not present high qualifications for admission should plan carefully on where to apply. In most cases the applicant only wastes his or her money and other people's time by applying broadly. No list of subjective criteria exists for our nation's medical schools and, in fact, they can change from year to year.

ALTERNATIVES

Any discussion of the odds has to imply, of course, that some applicants will not be accepted. But the following comments on alternative routes to medicine are aimed at all pre-meds and pre-dents from the freshman year on--not just the disappointed seniors.

Before we deal with specifics, think about your alternatives now. If you are not accepted, the senior year is late to be reworking lifetime directions from scratch. But more important, you owe it to yourself to keep looking at the alternatives from the beginning. A high proportion of pre-meds have more keen interests than one--medicine. Alternatives sometimes get little consideration under the influence of the general climate of opinion that medicine is the prince of professions and should automatically be picked if possible. This is all right, if the profession also happens to be the most fascinating one for you. But some pre-meds find, when it gets right down to putting their name on the application line, that all at once the hitherto shadowy idea of a career in zoology, philosophy, business, social welfare, etc., is very hard to give up. Get your interests out on the table for an objective look and repeat this process as your studies develop. Figure out what is genuinely dominant. Then consider what other lines are completely acceptable. Following this approach, you can very often, with a little planning, keep yourself covered in terms of course work for at least two of these eventualities: (1) pre-med/pre-dent, and (2) another interesting alternative. More important, you will be true to yourself.

Now, many pre-meds align themselves more or less with one of three poles. To the first group appeal the challenge, prestige, income--in sum, the general stature--of the profession. Dentistry, optometry, and podiatry become fairly common alternatives for students close to this pole.

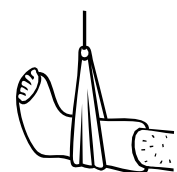
Clinical psychology, pharmacy, veterinary medicine, and chiropractic also turn up, although some people object that these fields are sometimes viewed as not as prestigious nor as professional as medicine (not true) or perhaps are even more difficult to get into (true in some cases).

Pole two is centered among people for whom the main thing is a fascination with medical care itself and things medical in the broadest sense of the term. Certain related alternative fields come immediately to mind: physical therapy, nursing, medical technology, and physician's assistants. Too few people consider others, such as hospital administration or dietetics. Sometimes people near this pole ultimately find that the central thing for them is not so much medicine as service to others. If you tend to gravitate toward this pole, you may find helpful information from a pre-health professional advisor at SAA. For information on occupational therapy, visit www.education.wisc.edu/kinesiology/ot/index.htm, 2120 Medical Sciences Center, (608) 262-2936. For information on physical therapy, contact the Physical Therapy Program at <http://www.orthorehab.wisc.edu/pt/>, 5173 Medical Science Center, (608) 263-7131. For more information on medical technology, contact CLS (Clinical Laboratory Science) Medical Technology at www.clsmedtech.wisc.edu, 6175 Medical Science Center, (608) 262-2085; for the Physician's Assistant Program, <http://www.physicianassistant.wisc.edu/index.htm>, 1135 Medical Science Center, (608) 263-5620.

Some people near the third pole are most interested in the scientific aspect of medicine, in and for itself. (We make our terms inexact enough to include the allied and supportive sciences from nuclear physics to microbiology.) These students are likely to become associated with some type of research if they enter medicine. Outside medicine, they are likely to look for alternatives first in graduate programs in zoology, physiology, biochemistry, biophysics, microbiology, genetics, or psychology. In our experience, too few of the students who identify scientific research early as a main aim consider that there may be more than one route into approximately the same research area. Either medical school or a graduate program in genetics covers certain problems of heredity, for example. In a given case, graduate school may be the most expedient route. There is no simple way to attack this decision, but the best way is to talk to several faculty members in the area in question.

Our polar analysis is simplistic, of course, so you are not a fragmented personality if you seem to find aspects of yourself cropping up in more than one location. Many people will find their best alternatives to medicine throughout a remarkable range of academic disciplines and/or careers that are hardly related to medicine at all--from political scientist to philosopher and musician to insurance executive (to quote examples from our own experience). It follows that your undergraduate major and electives provide important ways to keep such alternatives alive or at least make some preparation for them.

SPORTS MEDICINE



There is a great deal of interest in sports medicine. What is surprising is that more than physicians are involved in sports medicine. The American College of Sports Medicine (www.acsm.org), 401 W. Michigan St., Indianapolis, IN 46202-3233, (317) 637-9200, lists its members under three primary occupational codes: Basic and Applied Science, Education and Allied Health, and Medicine.

Basic and Applied Sciences includes people such as anatomists, applied physiologists, biochemists, biomechanists, coaches, etc., are listed. Education and Allied Health includes athletic trainers, corrective therapists, nutritionists, optometrists, occupational therapists, physical therapists, etc.

Under the category of Medicine, several occupations are listed: cardiologist, chiropractor, dentist, neurosurgeon, podiatrist, radiologist, etc.

Clearly, this umbrella term includes practically anyone who is interested and active in the clinical and scientific aspects of exercise and sport. Clinical aspects of sports medicine involves doctors from a number of possible specialties who practice medicine in relation to exercise and sport. Such physicians may be trained and certified in orthopedic surgery, internal medicine, general practice, family practice, obstetrics and gynecology, cardiology, endocrinology, or other specialties. They may serve as team physicians or physicians in sports medicine group-practice clinics, or even the treatment of disease and injury related to exercise (or the lack of it). Medical school is the foundation upon which a specialty as a sports medicine physician is developed.

DEFERRED ENTRY AND POST-BAC PROGRAMS

Some students admitted to medical schools decide they wish to wait a year before matriculating, often to take advantage of a once-in-a-lifetime opportunity, or for personal reasons. Many medical schools will consider requests from those students to defer their entry for a year. Schools generally require a written application for deferred entry and will consider requests on a case-by-case basis. In some cases, you will sign a form agreeing to matriculate at that school the following year. In others, the school will agree to set aside a spot for you in next year's class until a mutually-agreed upon date, so that you can complete applications for other schools. You should consult the admissions office of the school in question for more information on their specific policy.

Some applicants to medical schools are not college seniors. Some are people who graduated from college and pursued other careers or activities before coming to the decision to pursue a career in medicine. And there are many students who need to raise their science grade point averages who enter into a special master's program before applying to medical or dental schools. If during their time in college these applicants did not fulfill premedical course requirements, they will need to do so before completing their applications. These students need to enter what are known as post-baccalaureate premedical programs, which exist at a large number of public and private colleges and universities. The programs range from formal 1-2 year programs for full-time students to informal part-time ones; some are specifically targeted toward students changing careers while others aim to help students improve their academic performance. Students seeking more information about such programs can search the database of post-bac programs at the AAMC Student Hub at <http://services.aamc.org/postbac/>

Note: Information for this section came from the Medical School Admissions Requirements, 2005-6 Edition.

FINANCES



Although you may wrestle with all kinds of problems from choice of majors to choice of schools, one problem that has a relatively clear-cut solution is that of finances. Though many medical students receive some support from their families, a lack of financial aid from home need not deter you. As an undergraduate it is possible to receive financial help through channels normally available to all undergraduates. If you are accepted by a medical school, you may continue to receive some financial aid, depending on other resources available to you and the quantity of financial aid resources available to the school. Minority group applicants should also check with National Medical Fellowships (254 West 31st Street, New York, NY 10101), or on the web (www.nmfonline.org). On the Madison campus, all students accepted by the Medical School receive financial aid information.

At the University of Wisconsin School of Medicine and Public Health, financial aid is awarded on the basis of proven need. Need is calculated as the necessary expenses incurred while attending school minus the resources provided to the student by outside agencies, personal resources, and available parental resources. Priority for financial aid, especially the limited grant awards, will be given to students with the greatest need. A large proportion of the total financial aid available is in the form of loans. Because of restrictions placed on loans and scholarship funds, financial aid can rarely be obtained by non-U.S. citizens.

You may find that you must be willing to go into debt to complete your medical education. Students may be \$80,000 to \$200,000 in debt upon graduating from medical school. However, with the degree in hand, the possibility of earning a comfortable income increases considerably. Hence, with careful planning, debts incurred may be repaid. In summary, if you are qualified for medical school, need financial help, and are willing to go into debt, money for a medical education may be available. In general, pre-med advisors do not turn out to be very good financial advisors. For detailed information, you should consult the *Medical School Admissions Requirements (MSAR)* chapter on "Financial Information for Medical Students." In addition, students on the UW campus should confer with our Office of Student Financial Services, 432 North Murray Street, (608) 262-3060; email: finaid@finaid.wisc.edu. A pamphlet, "Financial Aid for Medical Students" is published annually by the Financial Services Office or view UW's information on-line at <http://www.finaid.wisc.edu/med.html>

Pre-dental students should consult the *Admissions Requirements of U.S. and Canadian Dental Schools*, plus the financial aid section under specific dental schools.

ADVISING



Where do you talk to people about all of these things? As usual, at Wisconsin there are several sources for advice, and it is your option whether to use any or all of them.

Letters and Science Student Academic Affairs in 70 Bascom Hall, (608) 262-1849, includes the office for advising in the pre-med, pre-dental, optometry, public health, chiropractic, and podiatric areas. It is open to UW students with such inclinations at the Madison campus. Pre-med advising generally concentrates on the courses, programs, and application processes that will do justice to your medical and other interests. Almost anything else that bears on academics and pre-med is also grist for the mill, as is discussion of alternatives to medicine. Our view is that advising is helping to evaluate the ideas and directions you come up with, and that it is not making decisions for you.

Other good resources for beginning pre-health advising include the campus Biological Sciences Advisor in the Institute for Cross-College Biology Education, and the Cross-College Advising Service (CCAS). Students in the College of Agricultural and Life Sciences may wish to consult their dean's office at 116 Agriculture Hall, but of course are welcome at SAA or any of the other advising offices.

HEALTH PROFESSION STUDENT ORGANIZATIONS

Health Professions Society (HPS)

Website: <http://hps.rso.wisc.edu/>

Email: hps@studentorg.wisc.edu

The Health Professions Society is an organization of students who have come together because of their common interest in medical and health professions. Its goal is to help expose undergrads to different aspects of medical and health-related fields. It is also a service organization and promotes participation in various community events and volunteer activities that benefit the members as well as positively affect the Madison community.

Alpha Epsilon Delta (Pre-Med Honor Society)

Website: <http://aed.rso.wisc.edu>

Email: aed@studentorg.wisc.edu

This honor society encourages and recognizes excellence in premedical scholarship. It aims to stimulate an appreciation of the importance of medical education, to promote communication between medical and premedical students and educators, and to provide a forum for students with common interests

AHANA (African, Hispanic, Asian & Native Americans)

Website: <http://ahana.rso.wisc.edu/>

Email: ahanauwmadison@yahoo.com

AHANA is the only organization of its kind at the undergraduate level. AHANA includes African/Black Americans, Hispanic/Latino Americans, Asian Pacific Islanders, Native Americans, and incorporates Alaskan Natives. It aims to support, encourage, and maintain the interests of minority students in pre-health professional careers. In addition, it helps to build fellowship among students interested in minority concerns by engaging in social and educational meetings. Undergrads are provided a platform through which to share experiences common to students entering the health professions.

Pre-Dental Society (UW-PDS)

Website: <http://pds.rso.wisc.edu/>

Email: pds@rsowisc.edu

This student organization serves as a guide to resources and pre-dental school opportunities while it helps students orient themselves toward a career in dental medicine. PDS hosts job shadowing, guest speakers on dental topics, organized trips to nearby dental schools, and social events promoting group unity.

APPENDIX A

**University of Wisconsin School of Medicine and Public Health, MD Degree Program
Entering Class, Fall 2007**

Total AMCAS Applications		3347		
	Residents	673		
	Nonresidents	2674		
Total Completed Applications		1138		
	Residents	507		
	Nonresidents	631		
Total Accepted		255		
	Residents	156		
	Nonresidents	99		
Total Enrolled		155		
	Residents	123	Male	68 (44%)
	Nonresidents	32	Female	87 (56%)
	M.D./Ph.D.	10		
	W.A.R.M.	5		
	Medical Scholars	26		

UW-Madison Applicant Pool

Total AMCAS Applications	383
Total Completed Applications	257
Total Accepted	95
Total Enrolled	77

Grade and MCAT Means of Students Enrolled

	Class	
Science GPA	3.73	
Overall GPA	3.76	
MCAT	Verbal Reasoning	9.8
	Physical Sciences	10.3
	Biological Sciences	10.9
	Total	31.3
	Writing	P

Applicant Degree Programs

BS Degrees	119
BA Degrees	33
Advanced Degrees	14

Applicant Pool to UW-Madison by Self-Description

Self-Description	Enrolled Applicants
White	63%
Asian	24%
Underrepresented populations (including Black or African American, American Indian or Alaskan Native, Native Hawaiian or Pacific Islander, Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, and Spanish/Hispanic/Latino/a.	7%
No Response	6%

APPENDIX B

**Medical College of Wisconsin, Milwaukee
Entering Class, Fall 2007**

Total AMCAS Applications		6665		
	Residents	612		
	Nonresidents	6053		
Total Completed Applications		5277		
	Residents	534		
	Nonresidents	4743		
Total Accepted		453		
	Residents	142		
	Nonresidents	311		
Total Enrolled		204		
	Residents	85	Male	96
	Nonresidents	119	Female	108

UW-Madison Applicant Pool

Total AMCAS Applications	350
Total Completed Applications	305
Total Accepted	66
Total Enrolled	40

Grade and MCAT Means of Students Enrolled

		Class
Science GPA		3.57
Overall GPA		3.66
MCAT	Verbal Reasoning	9.78
	Physical Sciences	10.83
	Biological Sciences	10.0
	Writing	P

**Medical College of Wisconsin, Milwaukee
 Entering Class, Fall 2007
 Disadvantaged in Medical Education (DIME) Students**

Total AMCAS Applications		399
	Residents	19
	Nonresidents	380
Total Completed Applications		266
	Residents	16
	Nonresidents	250
Total Accepted		60
	Residents	9
	Nonresidents	51
Total Enrolled		17
	Residents	5
	Nonresidents	12
	Male	9
	Female	8

APPENDIX C

Notice to Non-residents of Wisconsin

Applicants who are State of Wisconsin residents fill approximately 80% of the entering class positions at the University of Wisconsin School of Medicine and Public Health. The competition for the few spaces available for non-residents is very keen. Please note figures in Appendix A regarding non-resident applications and enrollment.

The University of Wisconsin School of Medicine and Public Health is committed to increasing the number of physicians from presently under-represented ethnic groups and providing educational opportunity to individuals who have confronted socio-economically and educationally disadvantaged conditions. Applications are encouraged from resident **and** non-resident black Americans, Puerto Ricans, Mexican Americans, American Indians, and all socio-economically disadvantaged persons, regardless of ethnic identity.

APPENDIX D

Specific Policies of the Admissions Committee, University of Wisconsin School of Medicine and Public Health

Residency Status - Favorable consideration is extended to Wisconsin residents. A large majority of the entering class positions go to in-state applicants, providing there is a sufficient number of qualified in-state applicants. Highly qualified non-residents are encouraged to apply for remaining positions available in each entering class.

Factors considered by the Admissions Committee - Factors considered in the selection process include past academic performance and evidence of an applicant's motivation for medicine, ability to communicate and relate with others, involvement in extracurricular activities, character, integrity and emotional stability. Academic and personal experience is considered in relationship to the environment in which it was developed. Since intellectual capacity and accomplishments cannot be solely equated with grade point averages and test scores, these are appraised in relation to a number of other factors, such as credit hours taken, difficulty of the courses selected, academic standards of high school and college(s) attended, and the need to support oneself and/or others while attending college, and challenges faced. The Admissions Committee complies with federal and state laws in evaluating applicants.

Underrepresented Minority/Disadvantaged Status - In accordance with the Wisconsin legislative mandate in Sec. 36.01(1) of the Wisconsin Statutes: "To provide a system of higher education which enables students of all ages, backgrounds and levels of income to participate in the search for knowledge and individual development, which offers selected professional graduate programs with emphasis on state and national needs" and in accordance with the University of Wisconsin and the Association of American Medical College's policies encouraging the development of a more diverse student body, the University of Wisconsin School of Medicine and Public Health is committed to increasing the number of medical students from socioeconomic minority groups and socio-economically disadvantaged backgrounds. The

severity of any disadvantages experienced and the applicant's response to such challenges are considered.

International Applicants - International applicants with permanent residency status in Wisconsin will be reviewed in the resident pool. All other international applicants with permanent visa status will be reviewed in the non-resident applicant pool.

Pre-Baccalaureate Applicants - Only very outstanding applicants will be considered with fewer than four years of undergraduate education.

APPENDIX E

**Marquette University School of Dentistry
Entering Class, Fall 2007**

Total Applications		3188
	Residents	194
	Nonresidents	2994
Total Accepted		113
	Residents	43
	Nonresidents	70
Total Enrolled		80
	Residents	40
	Nonresidents	40

Minority Applicant Pool

This information is no longer provided to us by the Marquette University School of Dentistry.

UW-Madison Applicant Pool

Total Applications	51
Total Accepted	9
Total Enrolled	8

Grade and DAT Means of Students Enrolled

		Class	Male	Female
Science GPA		3.6	3.57	3.61
Overall GPA		3.51	3.44	3.55
DAT	Academic Average	18.86	18.87	18.83
	Perceptual Ability Avg.	18.61	18.70	17.50

APPENDIX F

PRE-HEALTH PROFESSIONS WEBSITES

SAA (Student Academic Affairs) advises students who are interested in several health professional fields.

<http://www.lssaa.wisc.edu/lvac/other/advise.php>

This website provides information on the application process, preparing for health professions schools, opportunities for minority and socio-economically disadvantaged students, summer and research programs, and links to resources of interest to students considering a health profession.

Students may want to consider:

Doctor of Medicine (M.D.): When one thinks of a physician, he or she generally thinks of an M.D. There are 125 allopathic medical schools in the U.S. alone, including UW-Madison's medical school: www.aamc.org/students/start.htm.

Doctor of Osteopathic Medicine (D.O.): D.O.s practice a "whole person" approach to health care. They focus on the musculoskeletal system, which reflects and influences the condition of all other body systems. Osteopathic medical schools emphasize training students to be primary care physicians. There are 22 osteopathic medical schools in the nation: www.aacom.org.

Chiropractic Care: Chiropractic emphasizes the recuperative power of the body to heal itself without the use of drugs or surgery. It focuses on the relationship between structure (primarily the spine) and function (as coordinated by the nervous system): www.amerchiro.org.

Dentistry (D.M.D): General Dentists use their oral diagnostic, preventative, surgical & rehabilitative skills to restore damaged or missing tooth structure and treat diseases of the mouth: www.adea.org.

Optometry: Doctors of Optometry (O.D.) examine, diagnose, treat and manage diseases of the visual system, the eye and associated structures. They are licensed to use diagnostic pharmaceuticals in every state and to prescribe therapeutic pharmaceuticals in most states: www.opted.org.

Podiatry: Doctors of Podiatric Medicine (DPM) treat the human foot, ankle and related structures. They specialize in the prevention, diagnosis, and treatment of foot disorders, diseases, and injuries. They make independent judgments, utilize x-rays and lab tests for diagnostic purposes, prescribe medications, order physical therapy, set fractures, and perform surgery: www.aacpm.org.

Public Health: Public health addresses the physical, mental and environmental health concerns of communities at risk for disease and injury through health promotion and disease prevention technologies and interventions: www.asph.org.

The following may also provide useful information:

The American Medical Students Association (AMSA): AMSA is a student-governed, national organization committed to representing the concerns of physicians-in-training. With a membership of over 30,000 medical students, pre-medical students, interns and residents from across the country, AMSA continues its commitment to improving medical training and the nation's health: www.amsa.org.

Back Cover:

True learning requires free and open debate, civil discourse and tolerance of many different individuals and ideas. We are preparing students to live and work in a world that speaks with many voices and from many cultures. Tolerance is not only essential to learning, it is an essential to be learned. The UW-Madison is built upon these values and will act vigorously to defend them. We will maintain an environment conducive to teaching and learning that is free from intimidation for all.

In its resolve to create this positive environment, UW-Madison will ensure compliance with federal and state laws protecting against discrimination. In addition, the UW-Madison has adopted policies that both emphasize these existing protections and supplement them with protections against discrimination that are not available under either federal or state law.

Federal and state laws provide separate prohibitions against discrimination that is based on race, color, creed, religion, sex, national origin or ancestry, age, or disability. State law additionally prohibits discrimination that is based on sexual orientation, arrest or conviction record, marital status, pregnancy, parental status, military status, or veteran status. The application of specific state prohibitions on discrimination may be influenced by an individual's status as an employee or student.

University policies create additional protections that prohibit harassment on the basis of cultural background and ethnicity. Inquiries concerning this policy may be directed to the appropriate campus admitting or employing unit or to the Office of Affirmative Action and Compliance, 175 Bascom Hall, 500 Lincoln Drive, Madison, WI 53706, (608) 263-2378 or (TDD) (608) 263-2473.

Please recycle this booklet. Give it to another person or return it to Letters and Science Student Academic Affairs, 70 Bascom Hall.