UNIVERSITY of
HOUSTON

Health Professions Advisory Committee (HPAC)

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

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

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

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

Phone #	**E-mail**

Application Type	**Academic Level**	**Reapplicant to med/dent program?**

❖ I hereby request Health Professions Advising to establish an HPAC file on my behalf. This file will contain items relevant to my application to medical or dental school.

❖ I **confirm that I meet** all requirements (or received a waiver) to be eligible for establishing an HPAC file listed below.

- Attended an HPAC Orientation.
- Attended Personal Statement Orientation & Workshop.
- Completion of Introductory science-major level Biology & Chemistry (labs and lectures).
- Completion of Introductory science-major level Physics (lectures).
- Completion of Organic Chemistry I (lab and lecture).
- Completion of *or* current enrollment in Biochemistry.
- Completion of at least 3-credit hours of advanced Biology coursework (3000-level or above).
- Completion of 30 credit hours at UH. (Courses in progress may not count towards the 30 completion hours.)
- Minimum overall GPA of 3.5, and minimum science (BCPM) GPA of 3.4.**

If you were granted an exception for any HPAC requirements listed above, please list the exception here:

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

Signing this form electronically is the legal equivalent of your written signature and confirms your agreement to the statements above. Submit this form to prehealth@uh.edu with other file application documents.

Student Signature	**Date**