LSU HEALTH SHREVEPORT
OFFICE FOR STUDENT & COMMUNITY ENGAGEMENT ADVISING/ACTION PLAN

Date: _____

PROSPECTIVE STUDENT INFORMATION

First name: _____ Last name: _____

Mailing address: _____

City: _____State: _____ Zip code: _____

Email address: _____Contact number: _____

ACADEMIC BACKGROUND (if applicable put N/A)

High School Institution: _____ ACT Score: _____

Undergraduate Institution: _____

Undergraduate Degree: _____

Postbacc. Institution: _____ Postbacc. Degree: _____
(if applicable) (if applicable)

Graduate Institution: _____ Graduate Degree: _____
(if applicable) (if applicable)

Undergraduate cumulative GPA: _____ Undergraduate Science GPA: _____

Post bacc. GPA: (if applicable) _____ Graduate GPA: (if applicable) _____

My transcript has been submitted & reviewed by Dr. Toni Thibeaux ○ **Yes** ○ **No**
(undergrad, postbaccalaureate, and (or) graduate)

MY MEDICAL SCHOOL INTEREST

○ LSU Health Shreveport	○ Meharry Medical College	○ Boston University
○ LSU Health New Orleans	○ Morehouse College	○ New York Medical College
○ Tulane University	○ Howard University	○ Alabama College
○ VCOM-Monroe	○ Charles Drew	○ St. Georges University
○ University of Houston	○ Brody School of Medicine	○ Michigan State University

○ Other: _____

MCAT SCORE REPORT(s) REVIEW

Exam Date	MCAT Total			Chemical & Physical Foundations of Biological Systems		Critical Analysis and Reasoning Skills		Biological & Biochemical Foundations of Living Systems		Psychological, Social, & Biological Foundations of Behavior	
	Total MCAT Score	Percentile rank score	Percentile Goal	Test score	Test goal	Test score	Test goal	Test score	Test goal	Test score	Test goal

My MCAT Score Report(s) has been submitted & reviewed by Dr. Toni Thibeaux ○ **Yes** ○ **No**

PERSONAL STATEMENT REVIEW

My personal statement has been submitted & reviewed by Dr. Toni Thibeaux: ○ Yes ○ No

AMCAS APPLICATION REVIEW

My AMCAS application has been reviewed by Dr. Toni Thibeaux: ○ Yes ○ No

I have submitted a PDF version of my VERIFIED AMCAS application to the Office for Student and Community Engagement: ○ Yes ○ No

RESEARCH/CLINICAL SHADOWING HOURS (if applicable put N/A)

Experience type1: _____ Experience name 1: _____

Experience hours 1: _____ Physician name 1: _____

Experience type 2: _____ Experience name 2: _____

Experience hours 2: _____ Physician name 2: _____

Experience type 3: _____ Experience name 3: _____

Experience hours 3: _____ Physician name 3: _____

Experience type 4: _____ Experience name 4: _____

Experience hours 4: _____ Physician name 4: _____

Experience type 5: _____ Experience name 5: _____

Experience hours 5: _____ Physician name 5: _____

Experience type 6: _____ Experience name 6: _____

Experience hours 6: _____ Physician name 6: _____

COMMUNITY SERVICE AND LEADERSHIP (if applicable put N/A)

Agency name 1: _____ Agency Location 1: _____

Number of hours 1: _____

Agency name 2: _____ Agency Location 2: _____

Number of hours 2: _____

Agency name 3: _____ Agency Location 3: _____

Number of hours 3: _____

Agency name 4: _____ Agency Location 4: _____

Number of hours 4: _____

Agency name 5: _____ Agency Location 5: _____

Number of hours 5: _____

Agency name 6: _____ Agency Location 6: _____

Number of hours 6: _____

LSU HEALTH SHREVEPORT
Office for Student and Community Engagement AMCAS Student Data Packet

Student and Community Engagement Program Attendance (if applicable)

Pathway Programs: *(select the program, semester and list the year of attendance)*

- ○ Ready.Set ACT Prep Program: ○ Fall of: _____ ○ Spring of: _____
- ○ HBCU Educational Conference: ○ Fall of: _____
- ○ AMCAS Workshop: Spring of: _____
- ○ Undergraduate Research Apprenticeship Program (UGRAP): Summer of: _____
- ○ Medical College Application Test (MCAT): ○ Spring of: _____ ○ Summer of: _____ ○ Fall of: _____
- ○ HIGH FIVE Clinical Shadowing Experience: Summer of: _____
- ○ Pre-Matriculation Enrichment Program (PEP): *(if applicable)* Summer of: _____

Prospective Student Resources

- ○ AAMC Test Bank Questions
- ○ Mock Interview
- ○ Premed Play Book Guide to Medical School Personal Statement Book
- ○ Premed Play Book Guide to Medical School Interview Book

Medical School Timeline & Cycle

○ 2025 – 2026 Application Cycle	○ Early Decision	○ Regular Decision
○ 2026 – 2027 Application Cycle	○ Early Decision	○ Regular Decision
○ 2027 – 2028 Application Cycle	○ Early Decision	○ Regular Decision
○ 2028 – 2029 Application Cycle	○ Early Decision	○ Regular Decision
○ 2029 - 2030 Application Cycle	○ Early Decision	○ Regular Decision

COMMENTS

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