

## PAUSE Background Information Sheet

Date: \_\_\_\_\_

1. a. Name (last, first, middle): \_\_\_\_\_  
b. Email Address (es): \_\_\_\_\_

2. Where did you complete high school? (City, State) \_\_\_\_\_

3. Current GPA: (4.0 as max) \_\_\_\_\_ 4. Year in College \_\_\_\_\_

5. College Presently Attending; \_\_\_\_\_

6. College Major \_\_\_\_\_ 7. College Minor \_\_\_\_\_

Upon finishing undergraduate school proposed choices include,

8. Degree(s) \_\_\_\_\_ 9. Major \_\_\_\_\_

10. Type of MD/DD: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

11. Where do you want to go to Medical School/Graduate School?

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

12. Previous Clinical Experiences prior to joining the PAUSE Program were:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

13. Why were you selected for the PAUSE Partnerships?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

14. Why did you choose to join the PAUSE Partnerships?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

15. What do you think you will gain from the PAUSE Partnerships?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

16. Do you think that your parent institution should give college credit for completing the PAUSE Program?

Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided \_\_\_\_\_

17. Does your institutional faculty support this program? Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided \_\_\_\_\_

18. Are you interested in research? Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided \_\_\_\_\_

19. Should we continue this program? Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided \_\_\_\_\_

20. Suggestions for the PAUSE Program \_\_\_\_\_

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