Auburn University Fall Mock Interview Form

Name: ___________________________ Date: ____________

Permanent Address: ____________________________

City: _______________ State: _____ Zip Code: _______________

Phone: _______________ Email: __________________________

Professional Interest (DEN/MED/OPT/PHRM/OT/PA/PT): _______________________

College Major(s): _____________________ AU Graduation Date: ______

Projected Professional School Enrollment Date: ____________________________

Test Scores
ACT TOTAL: _______ SAT TOTAL: _______
DAT: ACAD AVG _____ PAT _____
GRE TOTAL: ______________
OAT: ACAD AVG _______
MCAT TOTAL: ______________
PCAT: COMP ______
OTHER: ____________________

Colleges Attended (number of semesters)
Auburn: ______________

Other Colleges:
_______________________ (____ semesters)
_______________________ (____ semesters)
_______________________ (____ semesters)

Total Hours Completed (Auburn + Other Schools): ______________

Attach an unofficial copy of your Auburn University Transcript after page 2.
Answer these questions briefly by listing examples.

1. Academic honors/awards received since high school.

2. Extracurricular activities and leadership roles since high school.

3. Service/volunteer or work experiences since high school.

4. Shadowing/clinical observation experiences since high school.

5. Why have you chosen this profession? Explain.