Profile of the Accepted Applicant 2025

Analyzing future trends in healthcare admissions

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The Future of Medicine, Dentistry, and Veterinary Medicine

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Introduction

Aspiring health professionals navigate a changed application experience since the COVID-19 pandemic. More admissions offices routinely use online tools to conduct interviews, including recorded screening interviews, to assess applicants. Sociopolitical movements and technology have reshaped the landscape, prompting many programs to address anticipated healthcare workforce shortages.

This survey gathered perspectives from applicants during their cycle to assess their experiences with these changes. Delivered in two parts, we wanted to see how applicants present their credentials and the profiles of those who received acceptances.

Background

The Spring 2025 Applicant Experience Survey examined the type of research conducted by accepted students and its impact on their competitiveness and program choice. I also wanted to know how applicants managed to secure letters of recommendation from professors.

The survey received 115 completed responses, with 99 receiving offers of admission for the entering class of 2025. Seventy-five respondents were accepted to medical school (MD/DO), eight to dental school, and fifteen to veterinary school.

Methodology

Financial Disclosures

There are no conflicts of interest to report. The design and execution of this survey are fully supported by the Health Professional Student Association, a non-profit 501(c)(3) educational organization based in the United States.

Methods

Data were collected through an anonymous 176-item survey developed in REDCap. Participation calls were made through social media and appeals in the Student Doctor Network forums. The responses were further analyzed in Microsoft Excel.

Study data were collected and managed using REDCap electronic data capture tools hosted at the Health Professional Student Association/Student Doctor Network (1,2). REDCap (Research Electronic Data Capture) is a secure, web-based software platform designed to support data capture for research studies, providing 1) an intuitive interface for validated data capture; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to standard statistical packages; and 4) procedures for data integration and interoperability with external sources.

1. PA Harris, R Taylor, R Thielke, J Payne, N Gonzalez, JG. Conde, Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support, J Biomed Inform. 2009 Apr;42(2):377-81.

2. PA Harris, R Taylor, BL Minor, V Elliott, M Fernandez, L O'Neal, L McLeod, G Delacqua, F Delacqua, J Kirby, SN Duda, REDCap Consortium, The REDCap consortium: Building an international community of software partners, J Biomed Inform. 2019 May 9 [doi: 10.1016/j.jbi.2019.103208]

AI Usage

Comment summaries were performed using ChatGPT 3.5 (chat.openai.com) and included in this report with light editing. Claude Sonnet 4.0 has been used to summarize survey results in this report. Grammarly has assisted in drafting and editing this report in Google Workspace.

Theoretical Framework: AAMC/NMA "Changing the Narrative" Model

An applicant's narrative should encompass the interplay of environmental, socioeconomic, educational, financial, and cultural factors on personal growth and career development. However, most involved in the admissions process recognize how these factors can restrict the number of future physicians from underresourced backgrounds. A framework developed by the Action Collaborative by the Association of American Medical Colleges and the National Medical Association describes the decades-long, intractable challenge of increasing the number of Black males in academic medicine, which was shaped by historical decisions and social systems.

With this model, this report examines respondents' experiences with the 2024-2025 application cycle to medical, dental, and veterinary medical schools, as all of these professional tracks suffer from a lack of

diversity and share a similar historical context. This survey reveals that, while the spotlight is focused on future physicians, challenges persist among those choosing dentistry or veterinary medicine due to a lack of attention or support for these professions. The professional disparities we observe highlight a lack of coordination, appreciation, or support to address larger healthcare workforce issues that are critical to maintaining a healthy community, nation, and world. Our results suggest that among our respondents, efforts to identify future professionals early on remain limited, and those who are not identified early are often relegated to navigating the process with minimal support.

That said, most of our respondents were happily accepted into a professional program when they submitted their Spring 2025 surveys (May-June 2025). The report suggests that success can occur despite the headwinds many applicants face. However, the respondent demographics mostly captured applicants who had supportive professional mentors or resources, such as the Student Doctor Network. One is left wondering about the experiences of those who refused to participate, especially a large population of Middle Eastern/North African applicants who may self-identify as “White/Caucasian.”

The respondents’ experiences capture the changing higher education environment from the Biden administration (when they began the process in June 2024) to the first months of the second Trump term (May-June 2025). The survey does not fully capture the effects of the financial pressures on research universities or the dismantling of diversity/inclusion efforts after the 2023 Supreme Court decision to eliminate race-conscious admissions. Future surveys may probe how enthusiasm for health professional careers may have changed based on campus culture (such as reduced student research opportunities,

enforcement of campus protest policies, and reduction of support for under-resourced or at-risk students). With the July 4, 2025, signing of HR 1, which radically changed student loan and repayment programs, enthusiasm for becoming a health professional has been tempered by anxiety and discouragement. Anecdotally, many applicants who may have begun the 2025-2026 process are considering withdrawing due to the inability to cover attendance costs.

How can we gauge the impact of these factors on the health professional workforce pipeline? This 2024-2025 survey report will provide a baseline to gauge these changes over the next few years.

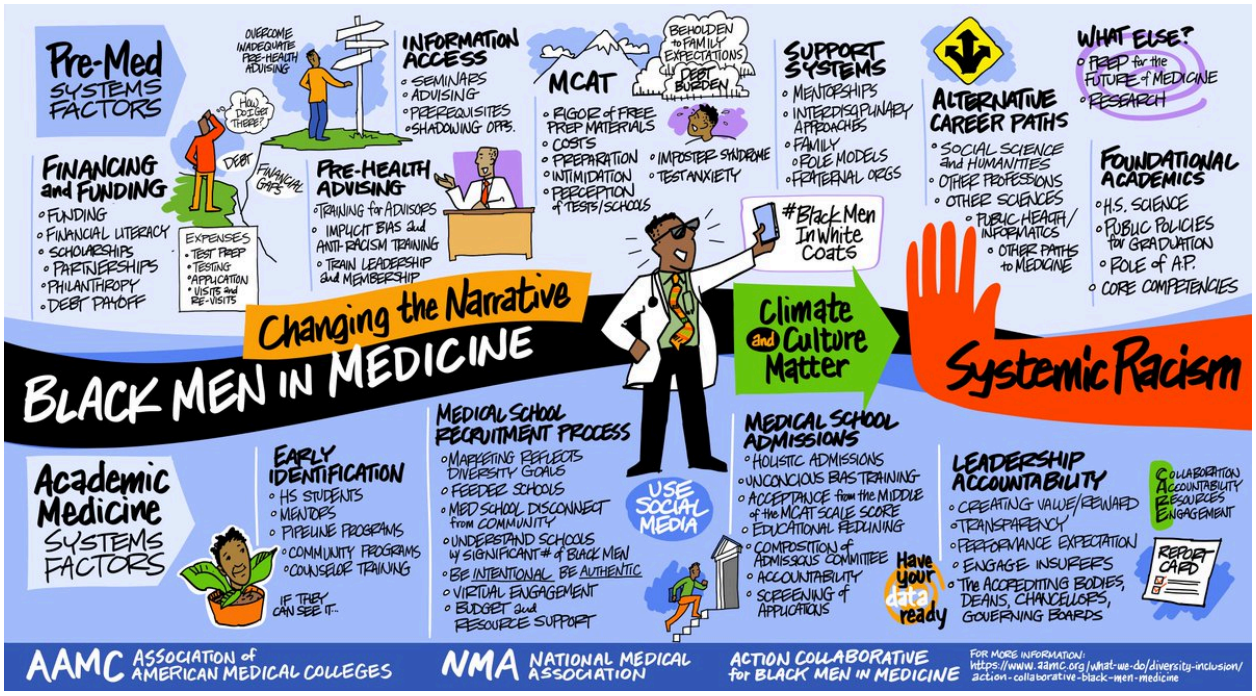


Image courtesy of the American Association of Medical Colleges (AAMC), National Medical Association (NMA), and the Action Collaborative for Black Men in Medicine.

- Black men make up less than 3% of physicians. That requires immediate action, say leaders in academic medicine. | AAMC
- Black Men in Medicine

Demographics: Comparing Fall 2024 and Spring 2025 Respondents

This section compares the respondent characteristics from the Fall 2024 Applicant Experience Survey with those from the Spring 2025 Survey. Does the Spring 2025 cohort represent the experiences of the Fall 2024 group?

This research examines the differences in attitudes among applicants at two key milestones during the 2024-2025 application cycle. The Fall 2024 Applicant Experience Survey captured candidates' perspectives soon after the initial stages of the process, including school-specific/secondary essays, pre-screening interviews, and live interviews. The Fall 2024 survey spanned the months of October through January to capture applicant responses, including offers and waitlists for mostly medical, dental, and veterinary applicants. In contrast, the Spring 2025 Applicant Experience Survey, offered between April and June 2025, focuses on those who received acceptances, waitlists, or rejections in the final months before matriculation in the summer or fall of 2025.

Both surveys solicited responses through invitations to members of the Student Doctor Network and the Health Professional Student Association, as well as through social media promotion. This section focuses on similarities and differences between the Fall 2024 and Spring 2025 respondents. Overall, 124 respondents completed the Fall 2024 survey, while 115 completed the Spring 2025 survey.

Applying as a Student

Our surveys revealed a shift in the number of applicants who would complete their undergraduate or premedical coursework during the cycle due to graduation (degree conferred in winter or spring). The number of respondents who self-identified as current students dropped by 26 while those who were “not a current student” increased by 15. The changes were driven by premed and prevet subgroups, whose overall numbers stayed the same.

Desired profession: Fall 2024 / Spring 2025	Not a current student	Yes, current student	(No response)	Grand Total
Dentistry	5 / 5	7 / 5	1 / 0	13 / 10
Medicine (allopathic or osteopathic)	60 / 68	30 / 15	1 / 4	91 / 87
Other health profession, or want to describe more	1 / 1	3 / 0		4 / 1
Veterinary Medicine	3 / 10	13 / 7		16 / 17
Grand Total	**69 / 84**	**53 / 27**	**2 / 4**	**124 / 115**

Medically Underserved Areas (MUA)

The Spring 2025 survey had 11 fewer respondents who disclosed coming from a medically underserved background. This change was seen across all represented professions.

Desired profession: Fall 2024 / Spring 2025	Not from MUA	Yes, from MUA	(No response)	Grand Total
Dentistry	6 / 7	6 / 3	1 / 0	13 / 10
Medicine (allopathic or osteopathic)	53 / 54	36 / 30	2 / 3	91 / 87
Other health profession, or want to describe more	4 / 1			4 / 1
Veterinary Medicine	10 / 14	5 / 3	1 / 0	16 / 17
Grand Total	**73 / 76**	**47 / 36**	**4 / 3**	**124 / 115**

Among 101 Spring 2025 respondents who were accepted, 33 self-reported coming from a medically underserved area. Interestingly, the average MCAT score among MUA applicants decreased between our survey samples (511.6 for MUA Fall 2024 and 509.6 for MUA Spring 2025). Among the 77 premed accepted respondents, the average MCAT score for those from medically underserved areas was lower (510.0) than those not from a MUA (515.8); their overall GPA's were similar (3.75 MUA, 3.77 not MUA).

Financially Independent

Survey respondents self-disclosed being financially independent. Little change was observed between the Fall 2024 and Spring 2025 cohorts.

Desired profession: Fall 2024 / Spring 2025	Not independent	Financially independent	(No response)	Grand Total
Dentistry	8 / 7	4 / 3	1 / 0	13 / 10
Medicine (allopathic or osteopathic)	50 / 45	39 / 39	2 / 3	91 / 87
Other health profession, or want to describe more		4 / 1		4 / 1
Veterinary Medicine	6 / 5	10 / 12		16 / 17
Grand Total	**64 / 57**	**57 / 55**	**3 / 3**	**124 / 115**

Financially independent applicants had a lower MCAT average (511.6) and GPA (3.59) than those who were not (MCAT 515.3; GPA 3.87). This GPA gap also appeared for pre-vet applicants (independent 3.42, not independent 3.76) and predental applicants (independent 3.58, not independent 3.70).

Gender Identity

Desired profession: Fall 2024 / Spring 2025	Female	Male	Prefer not to identify	(No response)	Grand Total
Dentistry	10 / 4	2 / 6		1 / 0	13 / 10
Medicine (allopathic or osteopathic)	47 / 48	41 / 36	2 / 0	1 / 3	91 / 87
Other health profession, or want to describe more	2 / 1	2 / 0			4 / 1
Veterinary Medicine	14 / 16	2 / 0	0 / 1		16 / 17
Grand Total	**73 / 69**	**47 / 42**	**2 / 1**	**2 / 3**	**124 / 115**

Higher MCAT averages were observed among female respondents in Fall 2024 (513.9) than in Spring 2025 (512.3). In contrast, male respondents had higher MCAT averages in Spring 2025 (514.8, vs 511.3 Fall 2024). Four respondents did not identify in fall 2024 (518.3) and also in spring 2025 (520.0). Among accepted responses in Spring 2025, male respondents had higher MCAT scores than females (514.8 vs. 512.9) but lower GPA (3.71 vs. 3.75).

Race/Ethnicity

Race / Ethnicity: Fall 2024 / Spring 2025	Dentistry	Medicine	Other	Veterinary Medicine	Total
American Indian / Alaska Native		3 / 2		0 / 3	3 / 5
Asian	3 / 4	19 / 19	1 / 0	1 / 0	24 / 23
Black / African	3 / 1	6 / 7			9 / 8
Latinx	2 / 1	9 / 13	0 / 1	2 / 2	13 / 17
Middle Eastern / North African		5 / 1			5 / 1
Native Hawaiian / Pacific Islander		1 / 1			1 / 1
White / Caucasian	7 / 4	56 / 52	3 / 1	14 / 16	80 / 73

Our survey respondents primarily identified themselves as White or Asian. Underserved applicants had similar representation across both surveys. Interestingly, we had very few who self-identified as Middle Eastern/North African; only one self-identified as MENA in the spring 2025 survey.

Race/Ethnicity Data Reports from Application Services

- AAVMC: https://www.aavmc.org/about-aavmc/public-data/
- ADEA: https://www.adea.org/docs/default-source/adea-main/publications/adea-trends/adea_trends_2024_25.pdf?sfvrsn=1384b8f6_3

Faith Identity

Group Fall 2024 / Spring 2025	Dentistry	Medicine	Other	Veterinary Medicine	Total
Protestant mainline	1 / 1	11 / 7	1 / 0	1 / 0	14 / 8
Roman Catholic	4 / 3	16 / 19	1 / 0	2 / 1	23 / 23
Non-denominational Christian	3 / 2	11 / 13		6 / 5	20 / 20
Jewish		2 / 3			2 / 3
Muslim	1 / 1	6 / 4			7 / 5
Buddhist		4 / 2	0 / 1		4 / 3
Hindu		3 / 2			3 / 2
Atheist	1 / 0	16 / 17	1 / 1	3 / 4	21 / 22
Agnostic	1 / 2	19 / 23	1 / 1	3 / 3	24 / 29
Other	1 / 1	4 / 2		1 / 1	6 / 4

A significant number of respondents identified their faith or religious philosophy as agnostic, atheist, Roman Catholic, or non-denominational Christian. Other religious identities include mainline Protestant, Muslim, Buddhist, Hindu, and Jewish. Little is known about how religious diversity is addressed in supporting a student-centered community.

Group Identity

Group: Fall 2024 / Spring 2025	Dentistry	Medicine	Other	Veterinary Medicine	Total
Economically disadvantaged	4 / 3	21 / 23	1 / 1	5 / 4	31 / 31
Educationally disadvantaged	2 / 1	15 / 8	1 / 0	1 / 3	19 / 12
Military / Veteran		5 / 3			5 / 3
Family Military / Veteran	2 / 2	10 / 10		1 / 2	13 / 14
Immigrant / Asylee / Refugee	3 / 1	9 / 8	2 / 1		14 / 10
Experienced homelessness		3 / 3	1 / 0	2 / 1	6 / 4
LGBTQIA+		23 / 22	2 / 0	5 / 6	30 / 28
Medically compromised		7 / 6	1 / 1	1 / 1	9 / 8
Non-stereotypical household	2 / 2	12 / 5		3 / 5	17 / 12
First-generation college	2 / 4	23 / 15	2 / 1	3 / 4	30 / 24
First-generation aspiring healthcare	7 / 8	48 / 42	1 / 1	10 / 8	66 / 59
Student athlete	4 / 1	11 / 7			15 / 8

Most of our respondents self-identified as first-generation healthcare professional students, meaning they did not have parents or other older-generational relatives who were trained as (US) healthcare professionals. Other respondents identified as economically disadvantaged, LGBTQIA+, or first-generation college students.

Gap/Growth Years

Gap Year Plans: Fall 2024 / Spring 2025	Dentistry	Medicine	Other	Veterinary Medicine	Total
Graduating within 12 months	6 / 4	22 / 16	2 / 0	10 / 8	40 / 28
1 growth year	2 / 1	18 / 25	1 / 0	1 / 2	22 / 28
2 growth years	2 / 4	23 / 16		3 / 3	28 / 23
3 growth years	1 / 0	7 / 7		0 / 1	8 / 8
4 or more growth years	1 / 1	21 / 20	1 / 1	2 / 3	25 / 25

Most respondents were within 12 months of graduating from college (traditional applicants), but the spring survey captured fewer current students, likely because they had completed their undergraduate coursework. Many of the respondents were taking at least one growth/gap year.

Respondents' GPA

Application GPA Category	Median (Spring 2025)	Interquartile Range (IQR, Spring 2025)
Overall Undergraduate	3.82	3.54 - 3.93
Science Undergraduate	3.80	3.47 - 3.92
Graduate	3.89	3.40 - 4.00

Note: A GPA range was asked in the Fall 2024 survey. Our spring 2025 cohort reported GPA's around 3.8 (median), but the interquartile range included those with GPA's near 3.50.

Standardized Test Scores

Test	Median Fall 2024	Interquartile Range (IQR) Spring 2025	Median Spring 2025	IQR Spring 2025
MCAT	513	507 - 519	515	507.5 - 520
MCAT CARS	128	126 - 130	128	126 - 130
DAT (2-digit)	21	21 - 23.5	20.5	20 - 22
DAT PAT	20.5	19.25 - 22	21.5	19 - 23
DAT RC	22	21 - 23.5	21	19.5 - 22.75

The average MCAT score among students who self-identified as students increased from 511.3 (Fall 2024) to 514.1 (Spring 2025); the average score among spring 2025 accepted “student” respondents was 516.0. In contrast, the accepted MCAT scores among “not current student” respondents averaged 513.1.

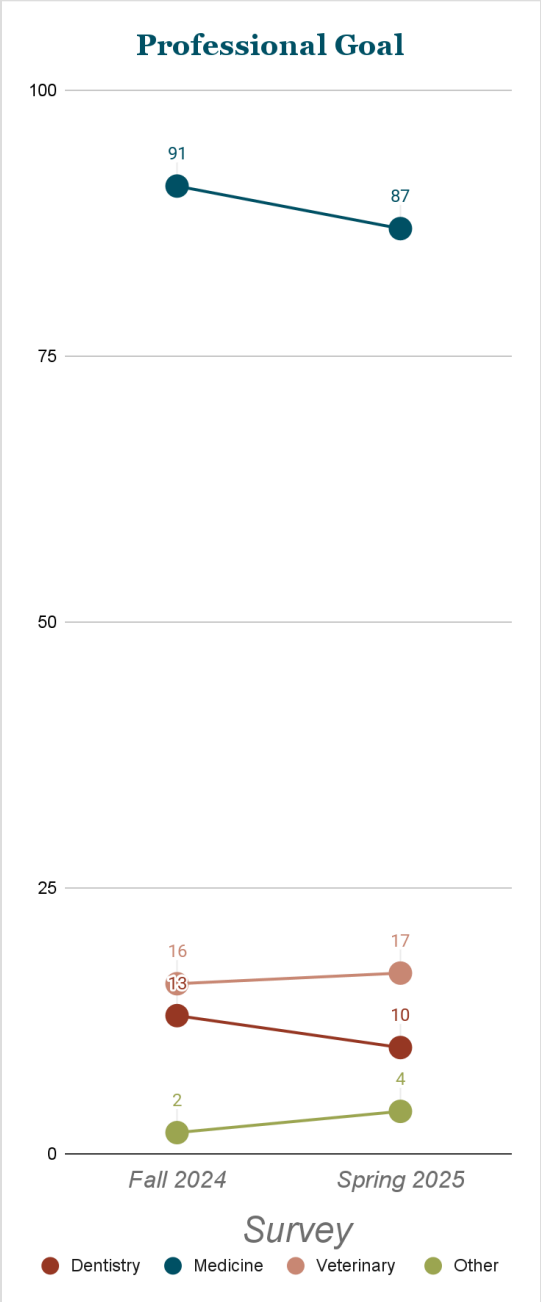
The average DAT academic average score among predental students who self-identified as students remained the same (21.3 for Fall 2024, 21.4 for Spring 2025). However, the academic average among non-students decreased (23.2 for Fall 2024, 20.6 for Spring 2026). The average score among spring 2025 accepted “student” respondents was 22.3; among non-accepted respondents, the DAT average was 21.0.

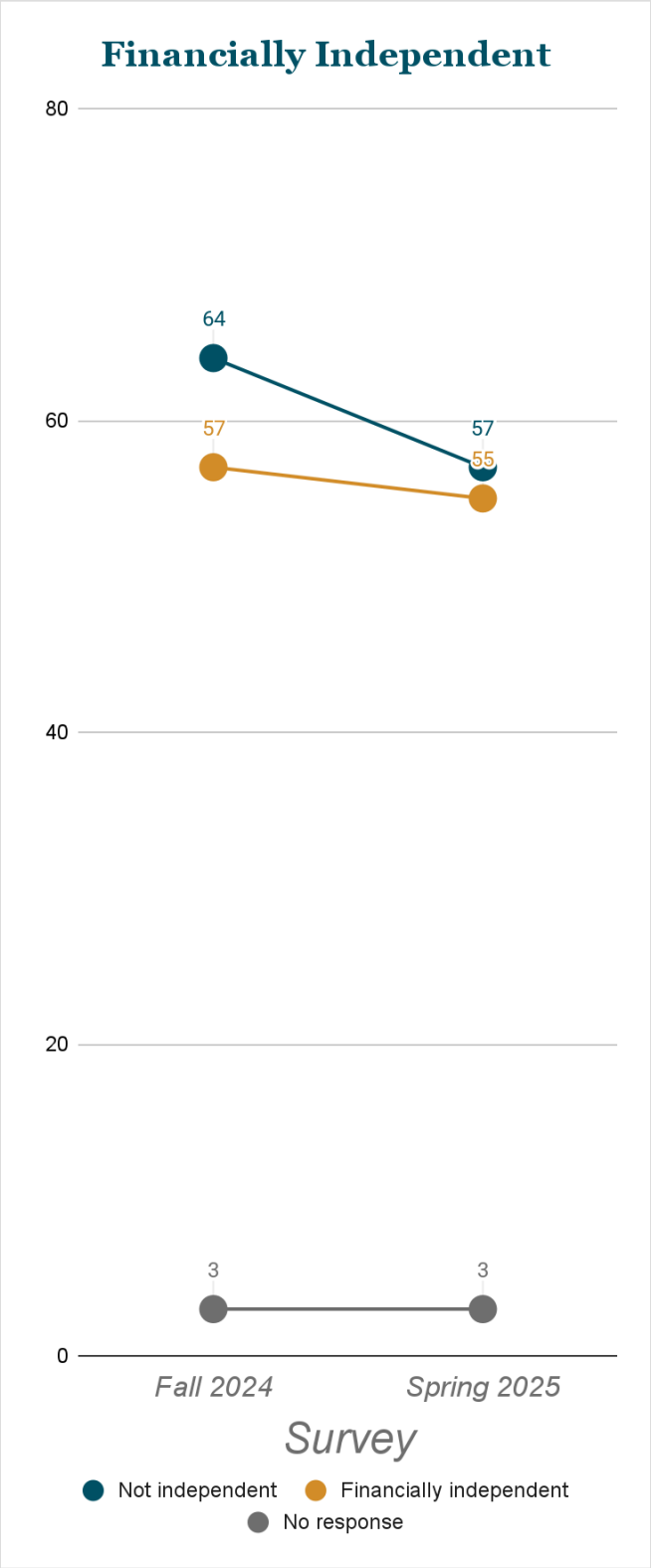
Summary

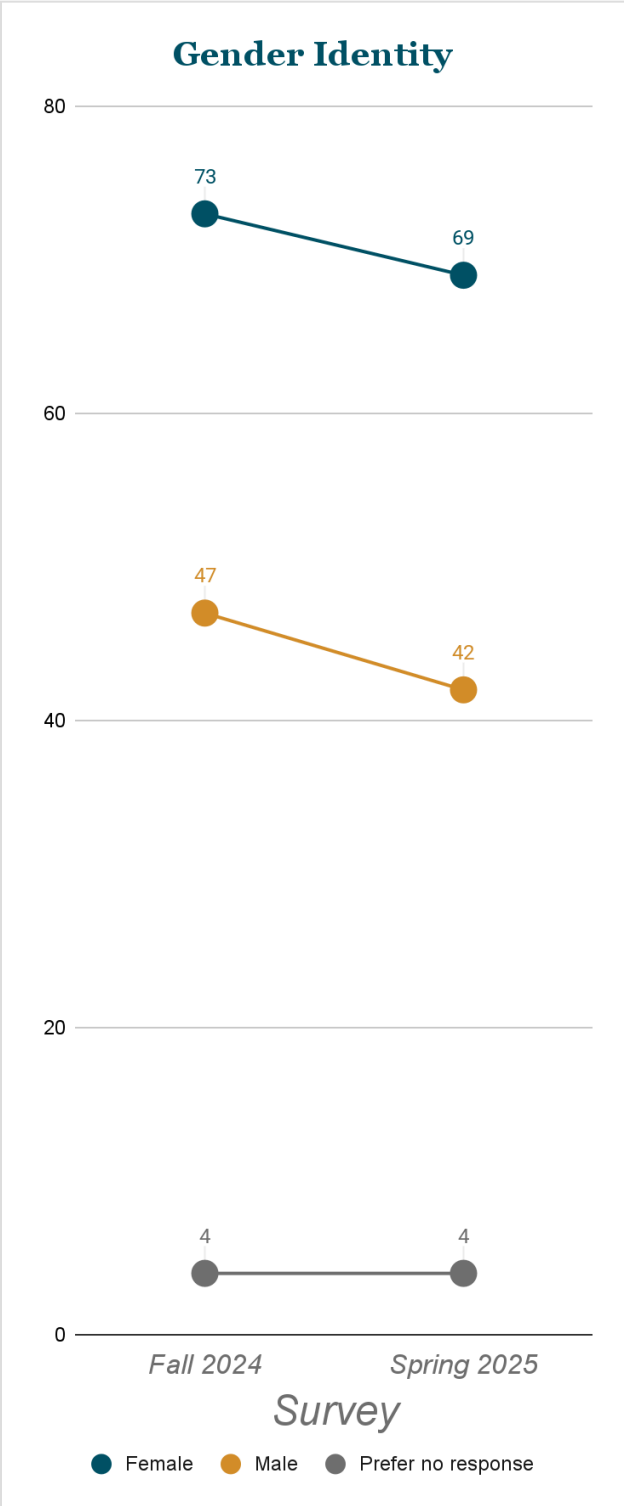
Respondents represent segments of the prehealth applicant community with slightly higher metrics compared to the general applicant population. Some groups remain underrepresented in our survey, so further insight may require more buy-in with other mentoring organizations who may have a vested interest in highlighting their constituencies' needs (especially Middle Eastern/North African applicants). Many respondents are recent, financially independent graduates who have taken at least one gap year before submitting their applications.

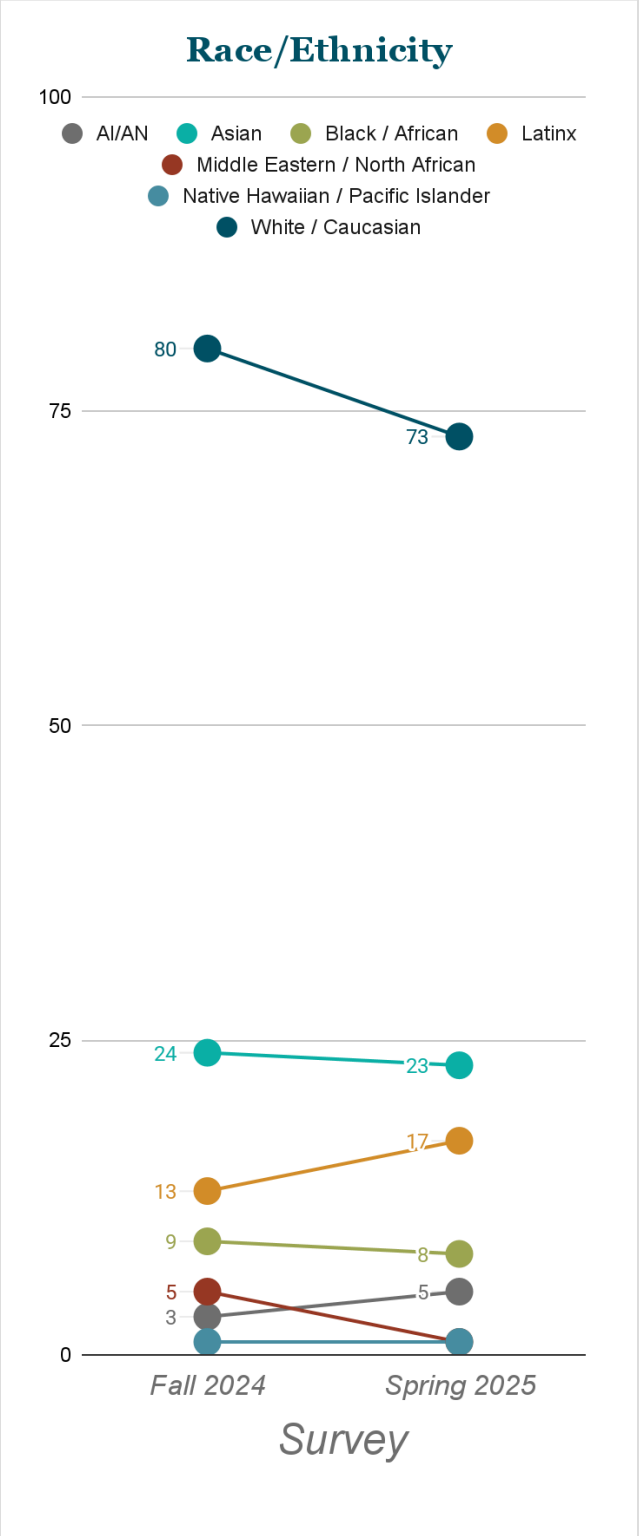
This survey attempts to compare premedical, predental, and preveterinary applicants who are concurrently pursuing professional education. Including additional applicant cohorts is desirable but may require more cooperation with other mentoring organizations. That said, medical school garners the lion's share of attention, and their applicant experience may significantly differ from those pursuing graduate degrees or non-medical professional degrees.

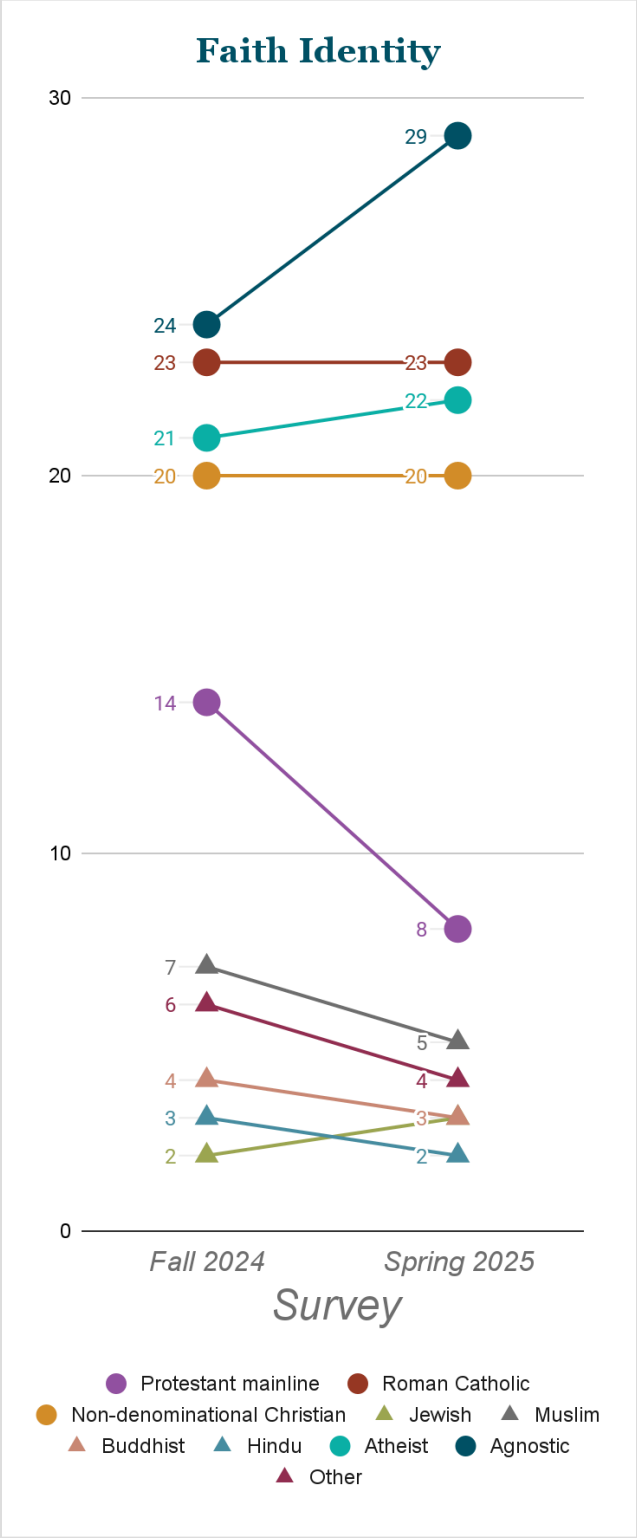
Graphs


Professional Goal
100
75
50
25
0
91
87
16
17
13
10
2
4
Fall 2024
Spring 2025
Survey
Dentistry
Medicine
Veterinary
Other


Financially Independent
80
60
40
20
0
64
57
57
55
3
3
Fall 2024
Spring 2025
Survey
Not independent
Financially independent
No response


Gender Identity
80
60
40
20
0
73
69
47
42
4
4
Fall 2024
Spring 2025
Survey
Female
Male
Prefer no response


Race/Ethnicity
100
75
50
25
0
AI/AN
Asian
Black / African
Latinx
Middle Eastern / North African
Native Hawaiian / Pacific Islander
White / Caucasian
80
73
24
23
17
13
9
8
5
5
3
Fall 2024
Spring 2025
Survey


Faith Identity
30
20
10
0
29
24
23
23
22
21
20
20
14
8
7
6
5
4
4
3
3
2
2
Fall 2024
Spring 2025
Survey
Protestant mainline
Roman Catholic
Non-denominational Christian
Jewish
Muslim
Buddhist
Hindu
Atheist
Agnostic
Other


Gap / Growth Years
50
40
30
20
10
0
40
28
25
22
28
25
23
8
8
Fall 2024
Spring 2025
Survey
Graduating within 1 year
1 growth year
2 growth years
3 growth years
4 or more growth years

Preparing to Apply: Costs and Privilege in Health Professions Admissions

This section looks at the importance of accessing funds among 2024-2025 health professional applicants to medical, dental, and veterinary school. Our data suggest that under-resourced populations tend to have less access to reserved funds and may be more prone to assume consumer debt to cover the costs of their application; this is particularly true for veterinary applicants. With recent changes to higher education support and loan repayment programs, aspiring health professionals face financial adversity in supporting and maintaining careers that address health needs in healthcare gap areas.

Covering financial costs is critical to completing the applicant journey. Major financial challenges include application costs, exam preparation, tuition costs for prerequisite and preferred classes, economic pressures, technology, and savings to afford the cost of attending graduate school.

The Spring 2025 survey asked 115 respondents how much they had saved, received as gifts, or spent through consumer debt (credit cards) during the 2024-2025 cycle. Most respondents represented applicants vying for careers in dentistry, medicine, or veterinary medicine. We examined various subgroups to determine how these identities might offer insights into disparities in access to wealth. Our data have shown

that financially independent respondents had lower GPA's and standardized exam results than those who were not (Demographics: Financially independent).

Applicant Preferences

Most applicants apply to multiple programs through common applications (AMCAS, AACOMAS, AADSAS, VMCAS, TMDSAS). Overall, respondents budgeted a median of $2000 for the application cycle, including all anticipated fees for testing.

Category	Medical school applicants (86)	Non-medical school applicants (28)
Median number of applications (per applicant)	26	8
Interquartile range (IQR) number of applications	20, 34	5.75, 12

Respondents disclosed the financial resources that were saved, gifted, or expended for their application cycle. Each applicant group was analyzed according to desired professional degree (dentistry, medicine, veterinary medicine) to highlight disciplinary differences.

Application Cost Resources

- Medical School Application Cost Calculator by SDN
- Cost to Apply | ADEA
- The Cost of Applying to Medical School | AAMC Students & Residents
- AACOMAS Application Fees and Fee Waivers - Liaison
- Application Fees - AAVMC
- About the TMDSAS Application
- Fee Assistance Programs for Applications | SDN

Application Cost Disparities

Race/Ethnicity Differences

Fewer financial resources were available to respondents who self-identified as a member of a historically underrepresented race or ethnicity minority group (URM) compared to those who did not identify; their average was lower than the overall cohort average by at least several hundred dollars. In comparison, medical and veterinary school applicants who self-identified as overrepresented minorities (ORM) generally saved the same amount or more.

Premed applicants were successful in raising additional funds from family, scholarships/grants, or self-funded campaigns. URM respondents raised around $2000 (average) while other cohorts were able to raise more than $1500. These resources were probably not available to URM or ORM dental or veterinary school applicants, as shown by the amount they were able to raise.

How much money had you saved to defray your application and test prep costs before beginning the application process?	Dentistry (10)	Medicine (allopathic or osteopathic, 87)	Veterinary Medicine (17)
Historically underrepresented (33)	$1,750.00	$2,760.87	$1,933.33
Not historically underrepresented (81)	$2,814.29	$3,415.25	$2,366.67
Overrepresented (60)	$2,475.00	$3,583.72	$2,700.00
Not overrepresented (54)	$2,660.00	$2,843.59	$1,180.00
Budgeted/Saved	**$2,577.78**	**$3,231.71**	**$2,193.33**

How much money have you received in gifts from others (parents, friends, scholarships/grants, organized 'go-fund-me' campaigns) to defray your application and test prep costs before beginning?	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine
Historically underrepresented	$250.00	$2,054.17	$116.67
Not historically underrepresented	$1,171.43	$1,594.92	$420.00
Overrepresented	$175.00	$1,874.42	$218.18
Not overrepresented	$1,600.00	$1,570.00	$500.00
Gifts	**$966.67**	**$1,727.71**	**$306.25**

How much credit card/consumer debt did you accumulate to pay for your application and test prep costs (but not enrollment deposits or tuition)?	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine
Historically underrepresented	$0.00	$704.17	$2,166.67
Not historically underrepresented	$214.29	$598.36	$590.00
Overrepresented	$375.00	$604.55	$1,445.45
Not overrepresented	$0.00	$653.66	$600.00
Consumer debt	**$166.67**	**$628.24**	**$1,181.25**

Economic Resources for Applying

How did those who self-identified as being economically disadvantaged manage to budget for their applications? Predental and preveterinary applicants who were economically disadvantaged saved less, received fewer cash gifts, and used more consumer debt compared to their other peers. Premed applicants generally saved more, fundraised more, and modestly used consumer debt, whether they considered themselves economically disadvantaged or not.

How much money had you saved to defray your application and test prep costs before beginning the application process?	Dentistry (10)	Medicine (allopathic or osteopathic, 87)	Veterinary Medicine (17)
Economically disadvantaged (30)	$1,900.00	$3,277.27	$1,450.00
Not economically disadvantaged (84)	$2,916.67	$3,215.00	$2,463.64
Budgeted/Saved	**$2,577.78**	**$3,231.71**	**$2,193.33**

How much money have you received in gifts from others (parents, friends, scholarships/grants, organized 'go-fund-me' campaigns) to defray your application and test prep costs before beginning?	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine
Economically disadvantaged	$233.33	$1,304.35	$175.00
Not economically disadvantaged	$1,333.33	$1,890.00	$350.00
Gifts	**$966.67**	**$1,727.71**	**$306.25**

How much credit card/consumer debt did you accumulate to pay for your application and test prep costs (but not enrollment deposits or tuition)?	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine
Economically disadvantaged	$500.00	$621.74	$2,875.00
Not economically disadvantaged	$0.00	$630.65	$616.67
Consumer debt	**$166.67**	**$628.24**	**$1,181.25**

Educational Resources (Disadvantages) for Applying

Premedical and predental applicants who were considered educationally disadvantaged generally had less saved. Educationally disadvantaged predental students received fewer financial gifts than educationally disadvantaged premedical students.

In contrast, educationally disadvantaged prevet applicants saved more money for the application process and had more consumer debt than those not educationally disadvantaged.

How much money had you saved to defray your application and test prep costs before beginning the application process?	Dentistry (10)	Medicine (allopathic or osteopathic, 87)	Veterinary Medicine (17)
Educationally disadvantaged (12)	$2,000.00	$2,475.00	$4,166.67
Not educationally disadvantaged (102)	$2,650.00	$3,313.51	$1,700.00
Budgeted/Saved	**$2,577.78**	**$3,231.71**	**$2,193.33**

How much money have you received in gifts from others (parents, friends, scholarships/grants, organized 'go-fund-me' campaigns) to defray your application and test prep costs before beginning?	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine
Educationally disadvantaged	$500.00	$2,400.00	$166.67
Not educationally disadvantaged	$1,025.00	$1,656.00	$338.46
Gifts	**$966.67**	**$1,727.71**	**$306.25**

How much credit card/consumer debt did you accumulate to pay for your application and test prep costs (but not enrollment deposits or tuition)?	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine
Educationally disadvantaged	$0.00	$650.00	$2,766.67
Not educationally disadvantaged	$187.50	$625.97	$815.38
Consumer debt	**$166.67**	**$628.24**	**$1,181.25**

Immigrant/Undocumented/Refugee/Asylee (Disadvantages) for Applying

Applicants who self-identified as immigrant, undocumented, refugee, or asylee tapped into savings at a similar amount to domestic applicants for dental or medical school. However, they were less able to fundraise to help with their application costs. They were also much less likely to assume consumer debt.

How much money had you saved to defray your application and test prep costs before beginning the application process?	Dentistry (10)	Medicine (allopathic or osteopathic, 87)	Veterinary Medicine (17)
Immigrants, asylees, undocumented (9)	$3,400.00	$2,987.50	
All other (105)	$2,475.00	$3,258.11	$2,193.33
Budgeted/Saved	**$2,577.78**	**$3,231.71**	**$2,193.33**

How much money have you received in gifts from others (parents, friends, scholarships/grants, organized 'go-fund-me' campaigns) to defray your application and test prep costs before beginning?	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine
Immigrants, asylees, undocumented	$0.00	$837.50	
All other	$1,087.50	$1,822.67	$306.25
Gifts	**$966.67**	**$1,727.71**	**$306.25**

How much credit card/consumer debt did you accumulate to pay for your application and test prep costs (but not enrollment deposits or tuition)?	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine
Immigrants, asylees, undocumented	$0.00	$437.50	
All other	$187.50	$648.05	$1,181.25
Consumer debt	**$166.67**	**$628.24**	**$1,181.25**

First-Generation Costs for Applying

First-generation premedical and predental applicants did not save as much money for the application process compared to other-generation applicants. These applicants were more likely to assume consumer debt. First-generation predental applicants had more difficulty raising funds or receiving financial gifts.

First-generation applicants for veterinary medicine were able to save more money than other-generation applicants. However, they received fewer financial gifts and assumed more consumer debt.

How much money had you saved to defray your application and test prep costs before beginning the application process?	Dentistry (10)	Medicine (allopathic or osteopathic, 87)	Veterinary Medicine (17)
First-generation (23)	$1,900.00	$2,592.86	$3,875.00
All other (91)	$2,916.67	$3,363.24	$1,581.82
Budgeted/Saved	**$2,577.78**	**$3,231.71**	**$2,193.33**

How much money have you received in gifts from others (parents, friends, scholarships/grants, organized 'go-fund-me' campaigns) to defray your application and test prep costs before beginning?	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine
First-generation	$233.33	$1,713.33	$125.00
All other	$1,333.33	$1,730.88	$366.67
Gifts	**$966.67**	**$1,727.71**	**$306.25**

How much credit card/consumer debt did you accumulate to pay for your application and test prep costs (but not enrollment deposits or tuition)?	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine
First-generation	$500.00	$920.00	$2,825.00
All other	$0.00	$565.71	$633.33
Consumer debt	**$166.67**	**$628.24**	**$1,181.25**

LGBTQIA+ Costs for Applying

Our survey results also revealed interesting trends among those self-identified as LGBTQIA+. Among premedical applicants, LGBTQIA+ respondents saved less money, fundraised less money, and had more consumer debt than their cis-gender-identified peers. In contrast, preveterinary LGBTQIA+ respondents had more money saved and fundraised more.

How much money had you saved to defray your application and test prep costs before beginning the application process?	Dentistry (10)	Medicine (allopathic or osteopathic, 87)	Veterinary Medicine (17)
LGBTQIA+ (28)		$2,885.71	$4,250.00
All other (86)	$2,577.78	$3,350.82	$1,445.45
Budgeted/Saved	**$2,577.78**	**$3,231.71**	**$2,193.33**

How much money have you received in gifts from others (parents, friends, scholarships/grants, organized 'go-fund-me' campaigns) to defray your application and test prep costs before beginning?	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine
LGBTQIA+		$1,376.19	$340.00
All other	$966.67	$1,846.77	$290.91
Gifts	**$966.67**	**$1,727.71**	**$306.25**

How much credit card/consumer debt did you accumulate to pay for your application and test prep costs (but not enrollment deposits or tuition)?	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine
LGBTQIA+		$763.64	$1,580.00
All other	$166.67	$580.95	$1,000.00
Consumer debt	**$166.67**	**$628.24**	**$1,181.25**

Gap (Growth) Years

Our respondents also gave us insight into the effect of gap years on the ability to save for applying. Predental applicants seemed to successfully fundraise for their applications while they were completing their studies (undergraduate or graduate); in contrast, none of our predental respondents taking gap years indicated that they did not receive any financial gifts but were able to avoid assuming more consumer debt.

Premed applicants were able to budget and raise funds for their applications, but those who were completing their studies were more successful with fundraising and avoided assuming consumer debt compared to those taking gap years.

Prevet applicants set aside savings for up to two gap years since graduation. In general, they were not relying on financial gifts or fundraising for more money towards the application process. All preveterinary respondents were inclined to assume consumer debt.

Gap Years	n	Average budgeted or saved before applying	Average gifts fundraised	Average consumer debt assumed
I am graduating less than 12 months before my anticipated start in professional school.	4	$1,575.00	$2,175.00	$375.00
1 gap/growth year (at least 12 months)...	1	$1,500.00	$0.00	$0.00
2 gap/growth years (at least 24 months)...	4	$3,466.67	$0.00	$0.00
4 or more gap/growth years (at least 48 months)...	1	$5,000.00	$0.00	$0.00
Predental total	**10**	**$2,577.78**	**$966.67**	**$166.67**

Gap Years	n	Average budgeted or saved before applying	Average gifts fundraised	Average consumer debt assumed
I am graduating less than 12 months before my anticipated start in professional school.	16	$1,833.33	$2,406.67	$0.00
1 gap/growth year (at least 12 months)...	25	$2,958.33	$1,541.67	$958.33
2 gap/growth years (at least 24 months)...	16	$3,331.25	$2,512.50	$437.50
3 gap/growth years (at least 36 months)...	7	$4,714.29	$585.71	$614.29
4 or more gap/growth years (at least 48 months)...	20	$3,950.00	$1,368.42	$950.00
Premedical total	**84**	**$3,198.75**	**$1,770.37**	**$642.17**

Gap Years	n	Average budgeted or saved before applying	Average gifts fundraised	Average consumer debt assumed
I am graduating less than 12 months before my anticipated start in professional school.	8	$2,750.00	$375.00	$662.50
1 gap/growth year (at least 12 months)...	2	$2,550.00	$0.00	$1,500.00
2 gap/growth years (at least 24 months)...	3	$1,666.67	$0.00	$166.67
3 gap/growth years (at least 36 months)...	1		$1,200.00	$1,600.00
4 or more gap/growth years (at least 48 months)...	3	$400.00	$350.00	$4,250.00
Preveterinary total	**17**	**$2,193.33**	**$306.25**	**$1,181.25**

Non-Traditional Students

Across all prehealth groups, non-traditional groups disclosed generally having greater savings, fewer gifts, and more consumer debt than traditional applicants.

Gap Years	n	Average budgeted or saved before applying	Average gifts fundraised	Average consumer debt assumed
I am graduating less than 12 months before my anticipated start in professional school.	2	$1,150.00	$600.00	$750.00
1 gap/growth year (at least 12 months)...	1	$1,500.00	$0.00	$0.00
2 gap/growth years (at least 24 months)...	3	$3,466.67	$0.00	$0.00
4 or more gap/growth years (at least 48 months)...	1	$5,000.00	$0.00	$0.00
Predental non-traditional	**7**	**$2,742.86**	**$171.43**	**$214.29**

Gap Years	n	Average budgeted or saved before applying	Average gifts fundraised	Average consumer debt assumed
I am graduating less than 12 months before my anticipated start in professional school.	1	$10,000.00	$5,000.00	$0.00
1 gap/growth year (at least 12 months)...	5	$2,520.00	$1,260.00	$320.00
2 gap/growth years (at least 24 months)...	8	$5,000.00	$2,437.50	$400.00
3 gap/growth years (at least 36 months)...	5	$3,800.00	$780.00	$860.00
4 or more gap/growth years (at least 48 months)...	20	$3,950.00	$1,368.42	$950.00
Premedical non-traditional	**39**	**$4,127.03**	**$1,597.37**	**$720.51**

Gap Years	n	Average budgeted or saved before applying	Average gifts fundraised	Average consumer debt assumed
I am graduating less than 12 months before my anticipated start in professional school.	5	$4,000.00	$100.00	$1,060.00
1 gap/growth year (at least 12 months)...	1	$3,100.00	$0.00	$0.00
2 gap/growth years (at least 24 months)...	1	$1,100.00	$0.00	$500.00
3 gap/growth years (at least 36 months)...	1		$1,200.00	$1,600.00
4 or more gap/growth years (at least 48 months)...	3	$400.00	$350.00	$4,250.00
Preveterinary non-traditional	**11**	**$2,777.78**	**$240.00**	**$1,590.00**

Costs of Attendance as a Barrier

Interviewed candidates gain some hope that they will begin their professional education, though many will not receive offers until weeks before a school's mandatory matriculation date. While most applicants will complete FAFSA, most will not be able to anticipate the debt they will incur. Upon receiving an offer of admission, applicants will place an enrollment deposit that contributes to their first term of tuition, which can be up to $5,000. Tuition also goes up at least 3% each year before graduation.

The average cost of a four-year dental education was $205,019 for public schools and $335,536 for private schools in 2019–20 (Citation: How Dental School Debt Compares to Medical School Debt). ADEA reported the average dental school debt for 2024 as $297,800 and overall educational debt (including predental education) of $312,700 (Dental Student Debt | ASDA).

The average yearly cost of medical school for non-residents in 2019–20 was $61,620 for public schools and $60,305 for private schools (Citation: How Dental School Debt Compares to Medical School Debt). Education Data Initiative reports the average medical school debt was $234,597 and overall educational debt (including premedical) of $264,519. Surveys suggest that 74% of practicing physicians still carry medical school debt (previous or current school debt, 2024 medical school debt survey shows growing burden for new physicians | CHG Healthcare).

Average dental student debt was $58,603 in 1980, adjusted for inflation, and $292,169 in 2019, the last year data was available. Average

medical student debt was $84,300 in 1988, adjusted for inflation, and $215,900 in 2018, the last year data was available. (How Dental School Debt Compares to Medical School Debt).

The AVMA reports graduating student debt was $147,258 across all graduates and $179,505 among graduates taking student loans (Chart of the Month: Good news on student debt | American Veterinary Medical Association); and graduates with access to wealth may think it's feasible to start a new veterinary practice with sound financial management (How veterinary school graduates can start a practice with high student debt).

Costs of Attendance

- Average Cost of Medical School [2024]: Yearly + Total Costs
- Average Dental School Debt [2024]: Student Loan Statistics
- Cost Comparison Tool - AAVMC

The survey did not take scholarship decisions into account as schools have different policies. Some programs extend scholarships with initial offers while other schools will make later scholarship decisions once enrollment commitments are received (such as the tuition deposit).

Students justify the costs as an investment that pays off once they achieve professional credibility. Many investigate programs to keep loan payments low or forgive their debt. Graduating students should meet

with their financial aid officer and a wealth manager to implement a financial plan after graduating.

Estimate Your Student Loan Repayments

- Estimate Your Student Loan Repayment | Student Doctor Network (resource supported by donors and members)
- AAMC/ADEA Dental Loan Organizer and Calculator (DLOC)
- Financial Resources for Students | ADEA
- Student Loan Repayment Simulator | VIN Foundation

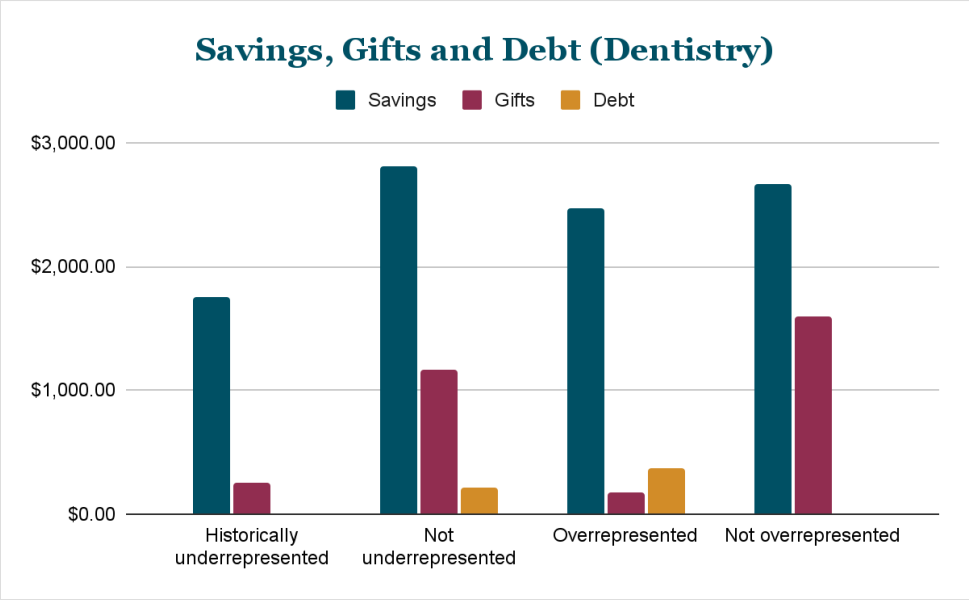
Programs and universities face tremendous financial pressure to demonstrate an economic return on investment/education that may include the amount of wealth gained by alumni within the first 10 years of graduation (Measuring the Return on Investment of Higher Education: Breaking Down the Complexity | Bipartisan Policy Center). Many forum members actively discuss whether attending a health professions program is worth the debt, and some anticipate that program growth may slow as many non-profit universities may shutter or sell off health professions programs that continue to be burdens to their overall budgets and operations.

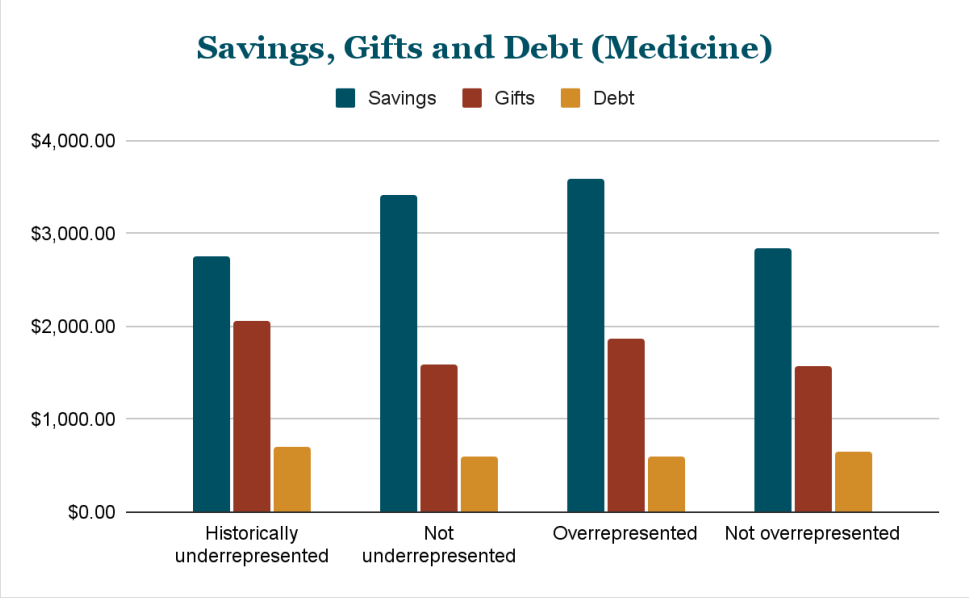
Privilege as the Gateway to the Health Professions

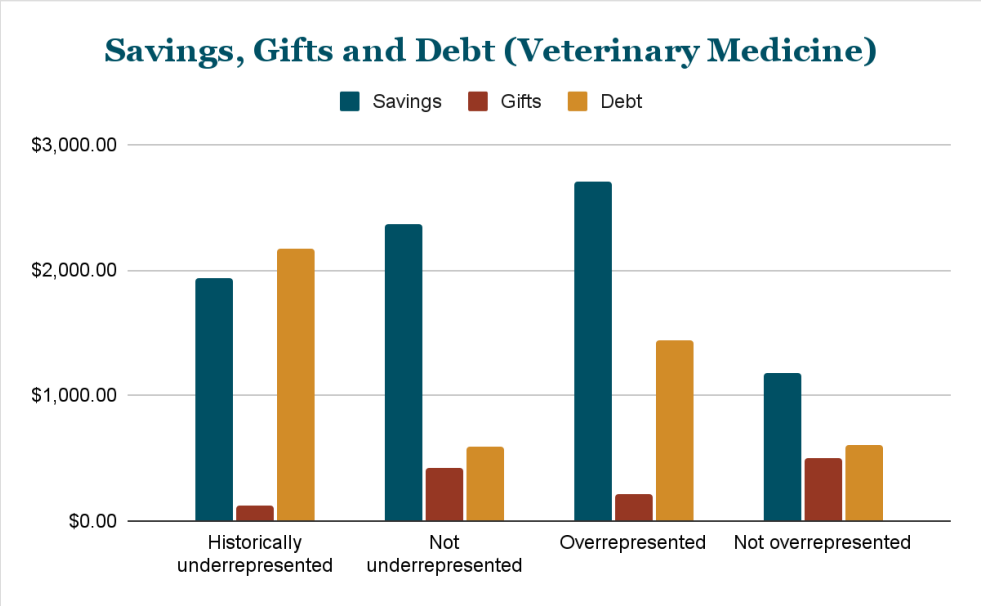
Higher family income and socioeconomic status are common characteristics among university undergraduates and professional school students. Pathway programs for lower-income prospective professionals have been recommended to bring more socioeconomic diversity among learners (An Effective Methodology to Boost the Socio-Economic Diversity of U.S. Med Students and Future Doctors). However, the US political climate has discouraged funding such programs, even as 80% of rural counties are designated medically underserved areas (Why there's a growing shortage of doctors in rural communities | Vox; Medical programs send budding doctors to rural county 'healthcare deserts' | National Association of Counties, 2023) and more rural hospitals close (Rural Hospitals at Risk: Cuts to Medicaid Would Further Threaten Access | American Hospital Association, 2025). These economic pressures present formidable barriers that discourage future healthcare providers from under-resourced areas who are passionate about serving their communities.

These effects also extend to plans to pay off educational debt. In general, students will be steered to a new Repayment Assistance Program, which may require students to pay more (What Is the Repayment Assistance Plan (RAP)? How It Will Change Student Loan Payments). All of these pressures may make it more challenging to provide and sustain healthcare professionals in medically underserved areas.

Graphs


Savings, Gifts and Debt (Dentistry)
Savings
Gifts
Debt
$3,000.00
$2,000.00
$1,000.00
$0.00
Historically underrepresented
Not underrepresented
Overrepresented
Not overrepresented


Savings, Gifts and Debt (Medicine)
Savings
Gifts
Debt
$4,000.00
$3,000.00
$2,000.00
$1,000.00
$0.00
Historically underrepresented
Not underrepresented
Overrepresented
Not overrepresented


Savings, Gifts and Debt (Veterinary Medicine)
Savings
Gifts
Debt
$3,000.00
$2,000.00
$1,000.00
$0.00
Historically underrepresented
Not underrepresented
Overrepresented
Not overrepresented

Executive Summary: STEM Pipeline Programs and Pre-Health Application Outcomes

This analysis examines the experiences and outcomes of pre-health applicants who participated in STEM pipeline programs, comparing those who engaged in pre-college programs with those who participated in college-level initiatives. The study draws from Fall 2024 and Spring 2025 surveys of applicants to medical, dental, and veterinary programs.

Program Participation and Demographics

Pipeline program participation was modest but meaningful, with 10.7% of Fall 2024 respondents and 27% of Spring 2025 respondents reporting involvement. The vast majority (68% in Spring 2025) pursued medical careers, with smaller numbers in veterinary medicine and dentistry.

Demographic Distinctions

Pre-college pipeline participants represented a more diverse and first-generation population:

- 46% were first-generation college students (vs. 11% in college programs)
- 36% identified as LGBTQ+ (vs. 0% in college programs)
- Higher representation from underserved backgrounds across multiple dimensions

College pipeline participants showed different characteristics:

- 44% received additional non-profit support (vs. 23% pre-college)
- 22% were enrolled in special master's programs (vs. 8% pre-college)
- Slightly higher academic performance (median MCAT 519 vs. 516)

Academic Performance and Outcomes

Strong Academic Achievement

Both groups demonstrated impressive academic credentials:

- **GPA Performance:** 44-50% achieved overall GPAs of 3.90-4.00
- **MCAT Scores:** Median scores of 516-519, well above national averages
- **Admissions Success:** Comparable outcomes to general applicant pool

Limited Perceived Impact

Despite strong performance, pipeline participation showed minimal influence on admissions:

- Most participants felt their pipeline experience had only marginal positive impact
- 40% of Spring 2025 respondents ignored advice from pipeline program advisors
- Only 40% found pipeline information influential or persuasive

Resource Utilization Patterns

Information Seeking Behaviors

Pre-college participants were more engaged with formal resources:

- 69% used campus pre-health advising (vs. 33% college participants)
- 85% relied on social media/internet forums for application guidance
- Higher utilization of institutional support systems

College participants showed different patterns:

- Greater reliance on independent consultants (22% vs. 15%)
- Lower campus advising usage but higher satisfaction when used

- More strategic approach to resource selection

Financial Support Access

Limited Fee Assistance Usage:

- 77% of pre-college participants never applied for financial assistance
- 56% of college participants never applied for financial assistance
- Those who did apply were generally successful, suggesting underutilization rather than unavailability

Key Findings and Implications

1. Pipeline Programs Serve Access, Not Advantage

While pipeline participants achieve strong outcomes, their success appears attributable to individual merit rather than program advantage. The programs primarily function as access points for underrepresented students rather than competitive advantages.

2. Demographic Targeting Effectiveness

Pre-college programs successfully reach first-generation and LGBTQ+ students, while college programs attract students who may need academic enhancement (evidenced by higher special master's program enrollment).

3. Resource Navigation Gaps

Despite achieving strong outcomes, pipeline participants underutilize available financial assistance, suggesting need for better guidance on application support resources.

4. Information Source Preferences

Participants value peer networks (social media/forums) over program advisors for application guidance, indicating potential disconnect between program advice and applicant needs.

Strategic Recommendations

For Pipeline Programs:

- Focus on access and career exposure
- Strengthen connections to financial assistance resources
- Align advising with contemporary application realities

For Admissions Committees:

- Recognize pipeline participation as an indicator of commitment
- Consider the diverse pathways these programs create for underrepresented students

For Applicants:

- View pipeline programs as valuable networking and exposure opportunities
- Leverage multiple information sources beyond program advisors
- Actively pursue available financial assistance resources

The data suggests that STEM pipeline programs successfully fulfill their primary mission of creating pathways for diverse students to enter healthcare careers, even if their direct impact on admissions outcomes remains limited.

Drops in the Bucket: Supporting Applicants from Pipeline Programs

Many hospital- and medical school-based pipeline/bridge programs encourage pre-college, early college, and community college students through activities and networking opportunities that support the students' aspirations to become clinicians. Many programs are proud that their alumni have successfully entered professional training as role models. However, few medical schools specifically ask whether applicants participated in a pipeline program (affiliated or not with their program), so participation is not perceived to be advantageous to most applicants. We wanted to see how current applicants who had been part of pipeline programs felt supported through their application process.

Responses from Spring 2025 Applicant Experience Survey

Thirteen (10.7%) of Fall 2024 respondents said they had participated in a STEM-focused pipeline program; nine said their program focused on precollege/K-12 students, while three (all pre-med) participated in programs for community college, undergraduate, or postbaccalaurate students. Due to the low response rate from the fall survey, the spring 2025 survey did not include similar questions; however, it identified 31 (27.0%) respondents who disclosed participation in a pipeline program. Most participants expressed strong interest in medical careers.

Pipeline program participants' career interests	Fall 2024 respondents	Spring 2025 respondents
Dentistry	1	5
Medicine (allopathic or osteopathic)	9	21
Veterinary Medicine	2	5
Other	1	
Grand Total	**13**	**31**

Support for Pre-College STEM Pipeline Participants

Among the Fall 2024 respondents, three of the 13 (23.1%) also participated in a STEM pipeline program as community college, undergraduate, or postbaccalaureate students. Three also received additional mentoring, reduced/free test prep resources, application preparation, or scholarships from non-profit organizations dedicated to helping those from historically marginalized communities.

Six of the 12 respondents reported growing up in a medically underserved area. Five indicated they were financially independent. Six self-identified as white/Caucasian, three Asian, three Black/African-American, and two Latinx/Hispanic; no Middle Eastern/North African, American Indian, or Pacific Islanders were identified in this group. Ten (76.9%) self-identified as female, vs. three male; four (36.4%) indicated belonging to the LGBTQ+ community.

Almost all respondents identified themselves as US citizens (10) or naturalized (2).

Among those identifying with special groups in the application process, six were first-generation college students, and seven were first-generation professional aspirants; two (15.4%) had other family members who are health professionals. There were four (36.4%) immigrants, asylees, or undocumented applicants. Three (27.3%) were identified as economically disadvantaged, and three were educationally disadvantaged.

When these respondents arrived on their college campuses, nine (69.2%) reported using their campus pre-health advising office for help with their applications. Six (46.2%) were current students at the time they completed the Fall 2024 survey. They found these services to be helpful (4 out of 7 satisfaction, IQR 3-5), but two enlisted help from independent consultants, whose help they also found generally helpful (4 of 7 average). Eleven (84.6%) used social media or internet forums to help with their application preparation, and they found their advice to be more helpful (median and IQR 5 of 7).

Ten (76.9%) indicated that they neither applied nor received financial help from application services (such as fee assistance or a subsidy for test preparation). Two (15.4%) said they had received aid, while one said they “considered” getting help.

Most respondents applied to medical application services (AMCAS 6, AACOMAS 5). Three applied to veterinary medicine (VMCAS), and one to dentistry (AADSAS). One also applied to TMDSAS, which covers all Texas schools in medicine, dentistry, and veterinary medicine. One applied for Early Decision, and two claimed to be on an early/guaranteed admission track.

Four respondents took the Casper exam and disclosed their results as follows: two were in the first quartile, one was in the third quartile, and one was in the fourth quartile; three also took the Duet. Additionally, four respondents took AAMC PREview, and their median score was 5.

Half of the respondents had overall undergraduate GPA's between 3.90 and 4.00 and science GPA's between 3.80 and 4.00. Seven premed respondents reported a median overall MCAT score of 516 (CARS median 129). One of the respondents also completed a special master's program.

Support for College STEM Pipeline Participants

Nine respondents in Fall 2024 participated in a STEM pipeline program for community college, undergraduate, or postbaccalaureate students. Three (33.3%) previously participated in a pre-college STEM pipeline program. Overall, four (44.4%) received additional mentoring, reduced/free test prep resources, application preparation, or scholarships from non-profit organizations dedicated to helping those from historically marginalized communities.

Five of the nine respondents (55.6%) reported growing up in a medically underserved area. Four of eight (50.0%) indicated they were financially independent. Five self-identified as white/Caucasian, three Black/African-American, one Latinx/Hispanic, and one Middle Eastern/North African; no Asians, American Indians, or Pacific Islanders self-identified. Seven (77.89%) self-identified as female, vs. two male; none indicated belonging to the LGBTQ+ community. All respondents identified themselves as US citizens (8) or naturalized (1).

Among those identifying with special groups in the application process, one was a first-generation college student, and three were

first-generation professional aspirants; one had other family members who are health professionals. There were two immigrants, asylees, or undocumented applicants. Three were identified as economically disadvantaged, and two were educationally disadvantaged.

Only three of the nine respondents used their prehealth advising resources at their undergraduate institution (median satisfaction score of 3 out of 7). Two used an admissions consultant (median satisfaction 5 of 7), and five relied on information from internet forums (median satisfaction 5).

Five never applied for fee assistance. One received fee assistance for the 2024-2025 cycle, and one received fee assistance in a previous cycle. One person reported having a petition for fee assistance rejected, and one other was considering an application.

Most applicants applied to AMCAS (4) or AACOMAS (3). One respondent applied to dental school (AADSAS), and another applied to veterinary school (VMCAS). One additional respondent applied to TMDSAS.

Although two respondents took the Casper and Duet assessments, one respondent indicated a 4th quartile Casper result. Another respondent got a 9 on PREview. Four disclosed their overall GPA's to be in the 3.90 to 4.00 range, while five said their science undergraduate GPA was between 3.80 and 4.00. The median overall MCAT among five premed respondents was 519 with a median CARS of 127.5. Two respondents were enrolled in a special master's program.

Impact of Pipeline Programs on Admissions

Up to 40 Spring 2024 respondents answered questions about their participation in pipeline programs before applying (up to 150 hours). Most respondents ultimately applied to medical school.

Experience hours in pipeline program	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine	Grand Total
Immersive lived/employed		2		2
Significant field (over 1000 hours)		1	2	3
Average (500-1000 hours)		5		5
Modest (150-500 hours)	1	2		3
Superficial (1-150 hours)	4	11	3	18
Grand Total	**5**	**21**	**5**	**31**

While many considered the information they got from pipeline programs to be influential, most said they generally ignored their pipeline program advisors when seeking application advice.

Value of advice from program	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine	Grand Total
Persuasive		2		2
Influential	2	3	1	6
Informative		8	3	11
Interesting	1	5		6
Ignored		13	2	15
Grand Total	**3**	**31**	**6**	**40**

Pipeline Programs (Spring 2025)

The 31 students who responded averaged:

- $2,920 saved/budgeted
- $1,197 fundraised
- $865 consumer debt

Impact of program participation	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine	Grand Total
Significant positive factor	1	1		2
Important positive factor	1	1		2
Neutral/not important	1	2	1	4
Significant negative factor			2	2
Grand Total	**3**	**4**	**3**	**10**

Summary of Findings

The following summary was generated by Claude Anthropic (July 24, 2025):

Key Differences:

- The pre-college pipeline group had higher LGBTQ+ representation (36.4% vs 0%)
- More first-generation college students in the pre-college group (46.2% vs 11.1%)
- The pre-college group used campus advising more frequently (69.2% vs 33.3%)
- The college pipeline group had higher rates of additional non-profit support (44.4% vs 23.1%)
- The college pipeline group had a slightly higher median MCAT score (519 vs 516)
- More participants in the college group were enrolled in special master's programs (22.2% vs 7.7%)

Similarities:

- Both groups had similar gender distributions (approximately 77% female)
- Similar rates of growing up in medically underserved areas (around 50-56%)

- Comparable satisfaction with social media/internet forum advice (median 5/7 for both)

Takeaways

Due to the limited size of our respondent group, the majority of pipeline program alumni participated in pre-college STEMM programs. As college students, they engaged with pre-health advising resources and online communities at a higher rate than those who participated in pipeline programs. However, few program participants requested fee assistance for their application processes, but those who did were generally successful. More first-generation applicants attended pre-college pipeline programs vs. college.

However, participating in pipeline programs does not appear to significantly influence one's chances of getting admitted to health professional programs. Most respondents believed that participating in pipeline programs had a positive, but marginal, influence on their admissions profile; however, admissions committees might not value this experience as highly. For future surveys, we seek information from program participants to gain a better understanding of the impact these programs have on admissions success.

STEM Pipeline Participants Comparison

Characteristic	Pre-College STEM Pipeline (n=13)	College STEM Pipeline (n=9)
Total Respondents	13	9
Previous Pipeline Participation	23.1% (3/13) participated in college pipeline	33.3% (3/9) participated in pre-college pipeline
Additional Support from Non-profits	23.1% (3/13)	44.4% (4/9)
Medically Underserved Area	50.0% (6/12)	55.6% (5/9)
Financially Independent	41.7% (5/12)	50.0% (4/8)

Characteristic	Pre-College STEM Pipeline (n=13)	College STEM Pipeline (n=9)
Race/Ethnicity		
- White/Caucasian	46.2% (6/13)	55.6% (5/9)
- Asian	23.1% (3/13)	**0% (0/9)**
- Black/African-American	23.1% (3/13)	33.3% (3/9)
- Latinx/Hispanic	15.4% (2/13)	11.1% (1/9)
- Middle Eastern/North African	**0% (0/13)**	11.1% (1/9)
Gender		
- Female	76.9% (10/13)	77.8% (7/9)
- Male	23.1% (3/13)	22.2% (2/9)

Characteristic	Pre-College STEM Pipeline (n=13)	College STEM Pipeline (n=9)
LGBTQ+ Community	36.4% (4/11)	**0% (0/9)**
Citizenship Status		
- US Citizens	76.9% (10/13)	88.9% (8/9)
- Naturalized	15.4% (2/13)	11.1% (1/9)
First-Generation College	46.2% (6/13)	11.1% (1/9)
First-Generation Professional	53.8% (7/13)	33.3% (3/9)
Family Health Professionals	15.4% (2/13)	11.1% (1/9)
Immigrant/Asylee/Undocumented	36.4% (4/11)	22.2% (2/9)

Characteristic	Pre-College STEM Pipeline (n=13)	College STEM Pipeline (n=9)
Economically Disadvantaged	27.3% (3/11)	33.3% (3/9)
Educationally Disadvantaged	27.3% (3/11)	22.2% (2/9)
Used Campus Pre-health Advising	69.2% (9/13)	33.3% (3/9)
Campus Advising Satisfaction	Median 4/7	Median 3/7
Used Independent Consultants	15.4% (2/13)	22.2% (2/9)
Consultant Satisfaction	Median 4/7	Median 5/7
Used Social Media/Internet Forums	84.6% (11/13)	55.6% (5/9)
Social Media Satisfaction	Median 5/7	Median 5/7

Characteristic	Pre-College STEM Pipeline (n=13)	College STEM Pipeline (n=9)
Applied for Financial Assistance		
- Never applied	76.9% (10/13)	55.6% (5/9)
- Received assistance	66.7% (2/3)	50.0% (2/4)
- Considered assistance	100.0% (1/1)	50.0% (1/2)
- Rejected	- (0/0)	50.0% (1/2)

Characteristic	Pre-College STEM Pipeline (n=13)	College STEM Pipeline (n=9)
Application Services		
- AMCAS (Medical)	46.2% (6/13)	44.4% (4/9)
- AACOMAS (Osteopathic)	38.5% (5/13)	33.3% (3/9)
- VMCAS (Veterinary)	23.1% (3/13)	11.1% (1/9)
- AADSAS (Dental)	7.7% (1/13)	11.1% (1/9)
- TMDSAS (Texas)	7.7% (1/13)	11.1% (1/9)

Characteristic	Pre-College STEM Pipeline (n=13)	College STEM Pipeline (n=9)
Academic Performance		
Overall GPA 3.90-4.00	50%	44.4% (4/9)
Science GPA 3.80-4.00	50%	55.6% (5/9)
Median MCAT Score	516	519
Median CARS Score	129	127.5
Special Master's Program	7.7% (1/13)	22.2% (2/9)

Eight Essential Prehealth Advising Competencies: What Successful Applicants Want

Summary

This section examines how prehealth applicants relied on information sources as they prepared their applications. Access to reliable information and effective advising play a role in encouraging applicants to persist during the application process. We examine the role of prehealth advising in comparison to other sources of information available to applicants.

The road to a successful career in a health professional field starts with mapping out your route to navigate the complex admissions process. Many are overwhelmed by the advice they get from family, advisors, peers, admissions officers, application service representatives, current students, working professionals, independent consultants, for-profit firms, and “the internet.” This report from the HPSA Spring 2025 Applicant Experience Survey focuses on how applicants valued sources of prehealth advice when developing their application profile and strategy.

We received 115 completed responses, with 99 receiving offers of admission for the entering class of 2025. Seventy-five respondents

were accepted to medical school (MD/DO), 8 to dental schools, and 15 to veterinary school.

Accessing Prehealth Advice

Trustworthy, credible information about the journey to the health professions is essential to inform, encourage, and persuade students to become future physicians, dentists, pharmacists, or other professional caregivers. While many envision their future careers as doctors from a young age, consistent encouragement throughout their undergraduate and postbaccalaureate education nurtures their aspirations in seeking a career purpose as a community changemaker (Finding Your Purpose as a Health Professional).

However, not all students are nurtured in this way. Information about the journey is often limited to those with resources to connect prospective students with current professionals through educational meet-and-greets/webinars, open houses, or pipeline programs. Students find resistance in their education system, which may not have strong math, science, or college-preparatory courses or qualified teachers. These early social influences on education affect the ability of students to handle more rigorous coursework in college or graduate school. In addition, administrators and faculty advisors play a final role in helping students meet prerequisites and desired upper-level courses and enhance their perspectives and competencies gained by clinical experience and community service.

How did accepted medical school students value resources in their application experience? We looked at 17 possible sources that students accessed to inform their approach towards the application process.

Accepted students mostly relied on resources from the application services and admissions offices after reading online forums, articles, and blogs (the least number of “not applicable” answers). Online websites, webinars, and tools help inform applicants about their competitiveness for desired programs. Applicants also considered crowdsourced and AI-guided resources. Interestingly, many accepted applicants did not find information given by online influencers as credible sources, generally ignoring their content. Online forums (such as Student Doctor Network and Reddit) were considered most persuasive or influential among respondents, followed by articles and blogs.

The respondents disclosed they did not receive guidance from pipeline programs, non-profit organizations (such as HOSA, AMSA, or SNMA), for-profit consultancies, independent admissions consultants, or postbac prehealth advisors. Few used private online groups (such as Discord) or participated in recruitment fairs or webinars unless a specific, desired program hosted them.

Working with Prehealth Advisors

- How to Work with Pre-Health Advisors and Committees
- Wisdom from the 2023 Advisors of the Year

Effective Prehealth Advising Systems

Prehealth advisors helped inform or persuade applicants during their application process. Over half of the respondents described their prehealth advisors as trustworthy; the advisors also made their students proud of their institution as their help made navigating the academic environment easier.

Areas where advisors can improve their relationships with advisees include facilitating connections with admissions recruiters and organizing meaningful career-related activities. Some respondents felt their advisors knew little about them/their background, and many advisors were not considered to have expert knowledge about the admissions process.

Other characteristics of effective advisors include helping applicants identify their core competencies, monitoring their progress, advocating to admissions staff, running an effective prehealth course (before applying to medical school), collaborating effectively with other faculty or administrators, giving effective critical feedback, and inspiring the prehealth community.

Respondents' comments about effective prehealth advising are summarized by Microsoft Copilot:

- *Proactive Guidance:* Advisors should provide clear timelines, deadlines, and early guidance on the application process to help students plan effectively.
- *Transparency and Constructive Feedback:* Students value honest, personalized feedback on their strengths and weaknesses, along with actionable advice to improve their applications.

- *Knowledge and Expertise:* Advisors must stay updated on the application process, school-specific requirements, and trends to provide relevant and informed advice.
- *Holistic and Individualized Support:* Students appreciate advisors who see them as individuals, considering their unique stories, experiences, and goals rather than focusing solely on metrics.
- *Access to Resources:* Advisors should help students access opportunities like shadowing, clinical experiences, and research, and connect them with alumni or professionals in the field.
- *Communication and Engagement:* Students desire more responsive and engaged advisors who show genuine interest in their success and well-being.
- *Structured Support:* Suggestions include holding workshops, structured sessions, and using tools like AI to help students navigate the application process independently.
- *Institutional Challenges:* Many students reported inadequate or inaccessible advising services, with some institutions lacking dedicated prehealth advisors.

Many themes align with guidance from the National Association of Advisors of the Health Professions regarding Best Practices (Advising Best Practices - NAAHP) and other models of academic advising (Holistic Advising (NACADA Academic Advising Today blog) cites Essential Functions of Academic Advising: What Students Want and Get | NACADA Journal and Designing a System for Strategic Advising | Academic Commons, Columbia University).

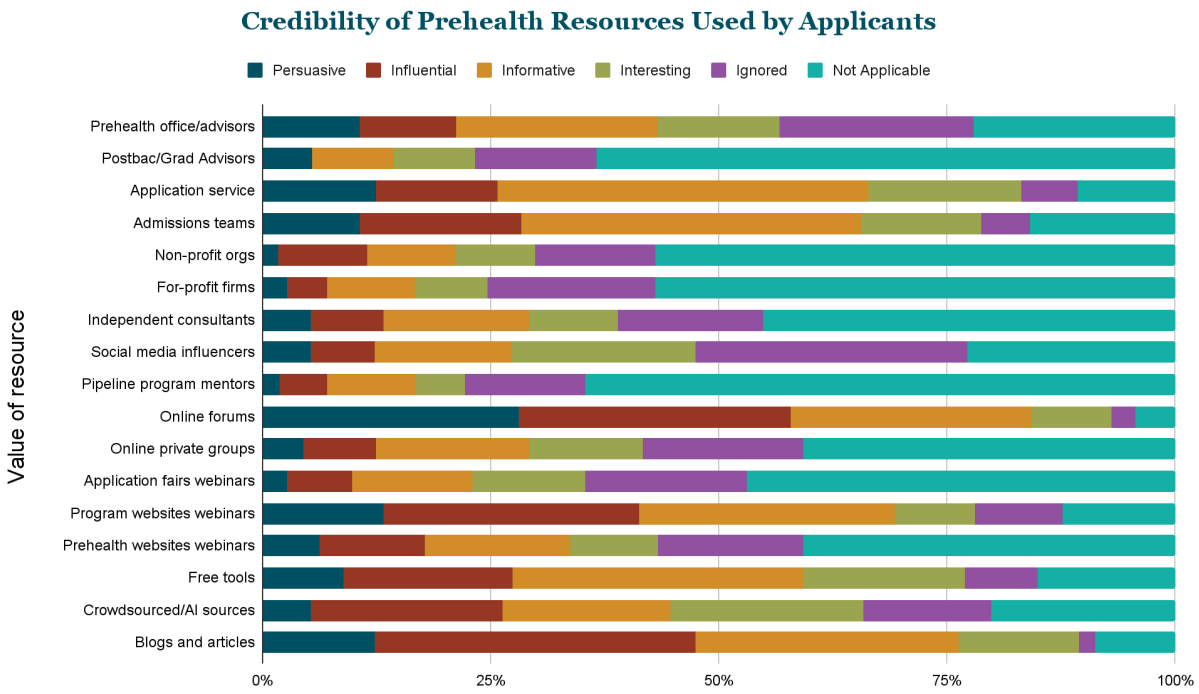
Influence of GenAI

The survey also asked respondents about how generative AI tools could help them in their future journey. Students' comfort with AI tools has increased since they were introduced (These Students Use AI a Lot — but Not to Cheat, Chronicle of Higher Education 2025). Most felt that genAI tools give applicants an advantage in the application process, but it will not bring greater equity to the health professions. Most are excited to use genAI as a companion to their education, but they are concerned about how AI could be used for making postgraduate decisions (including residency selection) or about patients' use of genAI to manage their care. In comparison, a survey of internal medicine residents at the University of Michigan was much more optimistic that AI can improve patient care (Wong et al., Academic Medicine 2025.) These responses point to curricular areas that health professions programs should address when talking to prospective students.

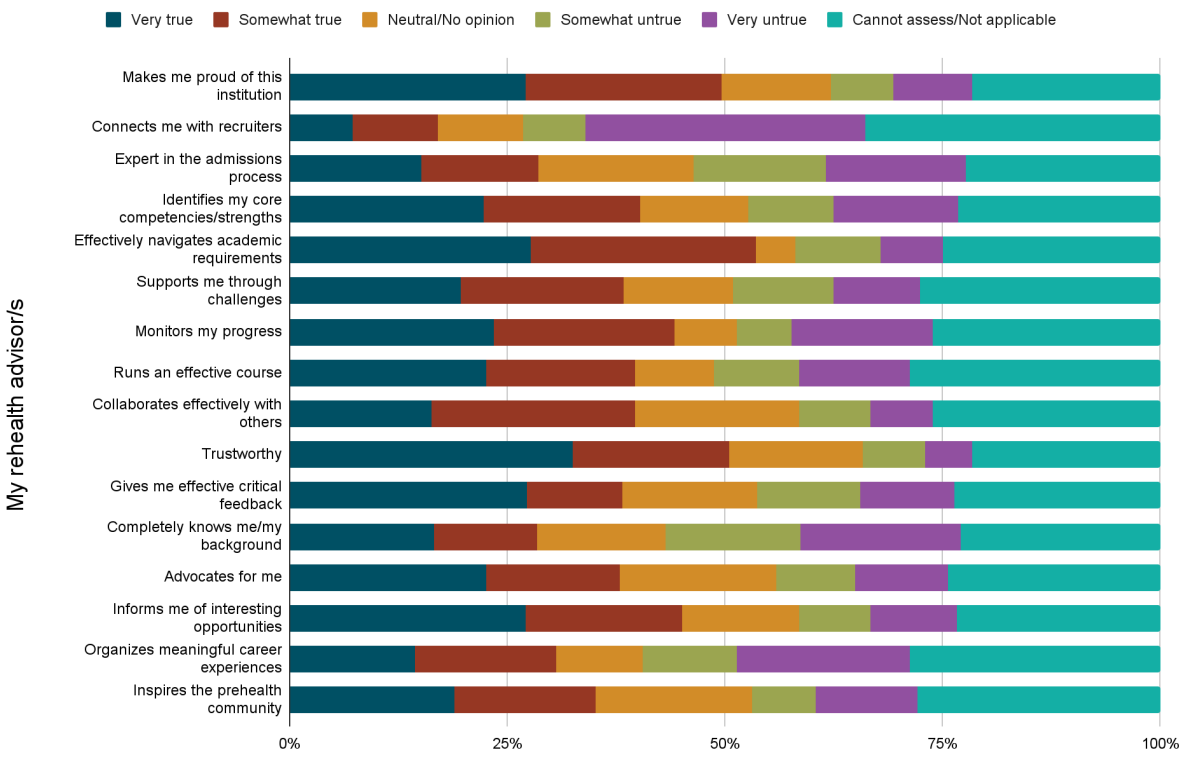
Takeaways

The HPSA Spring 2025 Applicant Experience Survey suggests that accepted applicants relied on official websites or online programs organized by the application services and individual programs to develop their overall timeline and preferred school lists. Opinions from peers on platforms such as Student Doctor Network, reddit, or online articles/blogs were most persuasive, but social media influencers were largely ignored. Most accepted students in our sample did not have additional mentoring from pipeline programs, non-profit groups, or independent/for-profit consultants. Prehealth advisors were considered trustworthy, though many lacked expertise about the admissions process. While some genAI resources may influence

applicants' application strategy (finalizing school lists), freely available GenAI has not yet become a trusted alternative source to guide or support applicants.


Credibility of Prehealth Resources Used by Applicants
Persuasive
Influential
Informative
Interesting
Ignored
Not Applicable
Value of resource
Prehealth office/advisors
Postbac/Grad Advisors
Application service
Admissions teams
Non-profit orgs
For-profit firms
Independent consultants
Social media influencers
Pipeline program mentors
Online forums
Online private groups
Application fairs webinars
Program websites webinars
Prehealth websites webinars
Free tools
Crowdsourced/AI sources
Blogs and articles
0%
25%
50%
75%
100%

Perceptions of Prehealth Advising



EFFECTIVE PREHEALTH ADVISING

Impactful practices that support accepted students (HPSA Spring 2025 survey)

Proactive Guidance

Advisors provide **timelines and deadlines** for the application process.

Transparency and Feedback

Honest, personalized feedback with **actionable advice** is crucial.

Knowledge and Expertise

Advisors stay **updated on admissions trends** and application processes.

Individualized Support

Students' **unique experiences and goals** are valued with their metrics.

Access to Resources

Advisors **identify clinical, research, and community service opportunities**.

Responsive Communication

Engaged advisors show **interest in student success and well-being**.

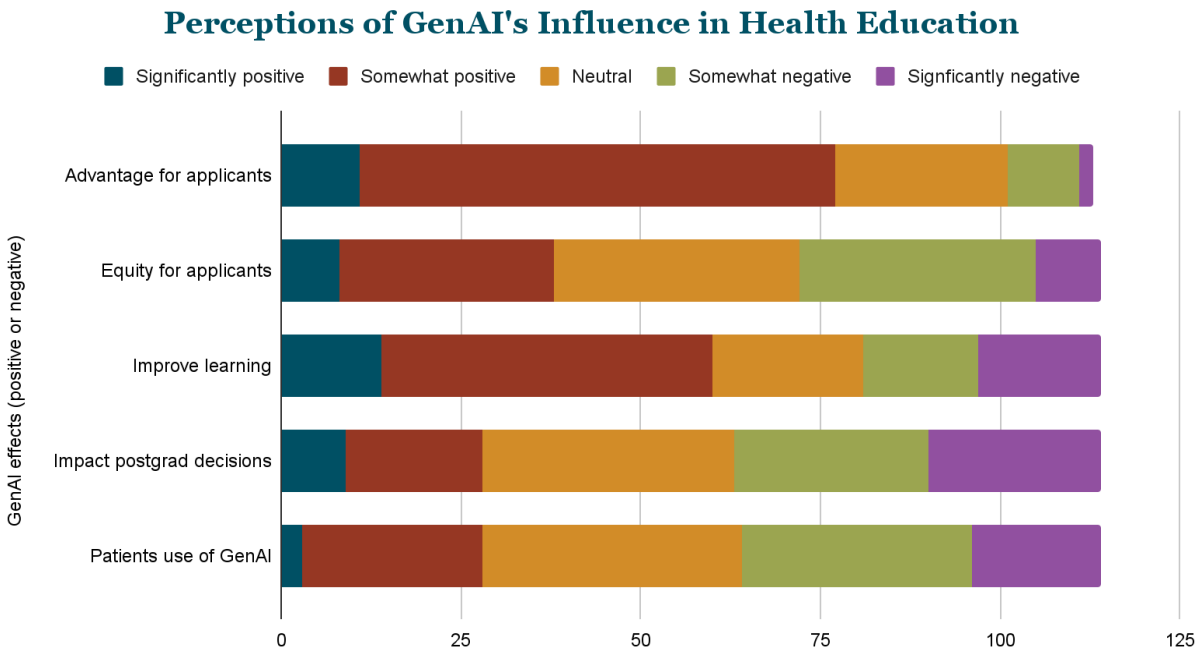
Structured Programs

Workshops, structured courses, and assessments **develop confidence**.

Institutional Support

Institutions provide **adequate staffing**, technical support, and expertise.

HPSA


Perceptions of GenAI's Influence in Health Education
Significantly positive
Somewhat positive
Neutral
Somewhat negative
Signficantly negative
GenAI effects (positive or negative)
Advantage for applicants
Equity for applicants
Improve learning
Impact postgrad decisions
Patients use of GenAI
0
25
50
75
100
125

Appendix: Influential Sources by GPA Group

Respondents in Spring 2025 were asked to characterize the influence of specific information sources throughout the application process. We examined whether applicants leveraged authoritative sources differently based on their academic credentials. Data are presented with respect to their desired profession and their self-reported overall undergraduate GPA, as divided at 3.60.

Value of Source	GPA >= 3.60			GPA < 3.60		
Prehealth Advisors	**Dentistry**	**Medicine**	**Veterinary Medicine**	**Dentistry**	**Medicine**	**Veterinary Medicine**
Persuasive		6		1	3	1
Influential		6	2		2	2
Informative	4	13	3	2	2	1
Interesting		14		1		
Ignored		16	1		4	2
Not applicable	2	8	2		8	3
Grand Total	**6**	**63**	**8**	**4**	**19**	**9**

Prehealth advisors (undergraduate) were generally considered as sources as informative or interesting information, though premed students with higher GPA's felt their information was more influential or persuasive. In contrast, predental or preveterinary students with lower GPAs regarded their advisors as sources of persuasive or influential information. Over 25% of premed applicants with high GPAs ignored information from their prehealth advisors.

Value of Source	GPA >= 3.60			GPA < 3.60		
Application Service	**Dentistry**	**Medicine**	**Veterinary Medicine**	**Dentistry**	**Medicine**	**Veterinary Medicine**
Persuasive	2	8	1		2	1
Influential	1	8	1	1	3	
Informative	2	27	4	2	8	2
Interesting	1	11		1	4	1
Ignored		6				1
Not applicable		3	2		2	4
Grand Total	**6**	**63**	**8**	**4**	**19**	**9**

Most high-GPA applicants valued information from application services (AMCAS, AACOMAS, AADSAS, VMCAS, TMDSAS) as persuasive, influential, informative, or interesting.

Value of Source	GPA >= 3.60			GPA < 3.60		
Programs or Admissions Teams	**Dentistry**	**Medicine**	**Veterinary Medicine**	**Dentistry**	**Medicine**	**Veterinary Medicine**
Persuasive	2	5	2	1		2
Influential	1	10	2	2	3	1
Informative	2	24	4		9	2
Interesting	1	11		1	1	
Ignored		4			1	1
Not applicable		9			5	3
Grand Total	**6**	**63**	**8**	**4**	**19**	**9**

High GPA applicants also found admissions teams to be sources of persuasive, influential, informative, or interesting information.

Value of Source	GPA >= 3.60			GPA < 3.60		
Crowdsourced Online Forums	**Dentistry**	**Medicine**	**Veterinary Medicine**	**Dentistry**	**Medicine**	**Veterinary Medicine**
Persuasive	2	18	2	2	3	5
Influential	2	18	4	1	8	1
Informative	2	20	1		4	
Interesting		5		1	2	1
Ignored		2				1
Not applicable			1		3	1
Grand Total	**6**	**63**	**8**	**4**	**20**	**9**

Crowdsourced online public forums were considered to be persuasive, influential, and informative for most respondents regardless of GPA.

Value of Source	GPA >= 3.60			GPA < 3.60		
Online Private Communities	**Dentistry**	**Medicine**	**Veterinary Medicine**	**Dentistry**	**Medicine**	**Veterinary Medicine**
Persuasive		3	2			
Influential		5	1	1		2
Informative	1	12	2		2	2
Interesting	1	7			5	1
Ignored	1	13	1	1	1	1
Not applicable	3	22	2	2	12	3
Grand Total	**6**	**62**	**8**	**4**	**20**	**9**

In contrast, private online communities (such as through Discord) were accessed less often and were less valued.

Respondents also gave feedback about the value of specific prehealth events.

Value of Source	GPA >= 3.60			GPA < 3.60		
Application Service Hosted Fairs	**Dentistry**	**Medicine**	**Veterinary Medicine**	**Dentistry**	**Medicine**	**Veterinary Medicine**
Persuasive	1	1		1		
Influential		3	2		1	2
Informative	1	8	2		1	2
Interesting	1	5	1	2	4	1
Ignored	2	13			3	1
Not applicable	1	33	3	1	10	3
Grand Total	**6**	**63**	**8**	**4**	**19**	**9**

Recruitment events (fairs and webinars) hosted by application services were received as interesting to influential, though many respondents ignored or did not participate in these events.

Value of Source	GPA >= 3.60			GPA < 3.60		
Programs or Admissions Events	**Dentistry**	**Medicine**	**Veterinary Medicine**	**Dentistry**	**Medicine**	**Veterinary Medicine**
Persuasive		10		1	2	2
Influential	2	17	4		5	4
Informative	2	20	2	2	4	1
Interesting		4	1	1	3	
Ignored	1	5			3	1
Not applicable	1	7	1		3	1
Grand Total	**6**	**63**	**8**	**4**	**20**	**9**

In contrast, events run by admissions teams were better received (persuasive to informative).

Value of Source	GPA >= 3.60			GPA < 3.60		
Prehealth Advising Website and Webinars	**Dentistry**	**Medicine**	**Veterinary Medicine**	**Dentistry**	**Medicine**	**Veterinary Medicine**
Persuasive		4		1	1	1
Influential	1	10			1	1
Informative	1	9	1	2	4	1
Interesting	1	8			1	1
Ignored	1	10	1		3	1
Not applicable	2	22	6	1	9	4
Grand Total	**6**	**63**	**8**	**4**	**19**	**9**

In general, prehealth advising websites, programming, and webinars were deemed as valuable as the respondents felt they were useful.

Value of Source	GPA >= 3.60			GPA < 3.60		
Social Media Influencers	**Dentistry**	**Medicine**	**Veterinary Medicine**	**Dentistry**	**Medicine**	**Veterinary Medicine**
Persuasive		3				
Influential	1	4	2	1		2
Informative		8	1	2	2	1
Interesting		12		1	5	3
Ignored	1	24	2		5	1
Not applicable	4	12	3		8	2
Grand Total	**6**	**63**	**8**	**4**	**20**	**9**

Value of Source	GPA >= 3.60			GPA < 3.60		
Crowdsourced or AI-Facilitated	**Dentistry**	**Medicine**	**Veterinary Medicine**	**Dentistry**	**Medicine**	**Veterinary Medicine**
Persuasive		6				
Influential		17	1		5	1
Informative	1	15		1	4	
Interesting	1	15	1		4	1
Ignored	1	5	3	2	1	3
Not applicable	3	5	3	1	6	4
Grand Total	**6**	**63**	**8**	**4**	**20**	**9**

Social media influencers and crowdsourced/AI-facilitated resources were generally regarded with interest or were ignored.

Value of Source	GPA >= 3.60			GPA < 3.60		
Blogs and Articles	**Dentistry**	**Medicine**	**Veterinary Medicine**	**Dentistry**	**Medicine**	**Veterinary Medicine**
Persuasive	2	10	1	1		
Influential	3	22	4	2	4	5
Informative	1	14	3	1	9	3
Interesting		10			4	
Ignored		2				
Not applicable		5			3	1
Grand Total	**6**	**63**	**8**	**4**	**20**	**9**

In contrast, blogs and articles are still persuasive/influential, especially among respondents with higher GPAs.

Value of Source	GPA >= 3.60			GPA < 3.60		
Free Application Tools	**Dentistry**	**Medicine**	**Veterinary Medicine**	**Dentistry**	**Medicine**	**Veterinary Medicine**
Persuasive		9				
Influential		17			3	
Informative		21		2	8	
Interesting	3	8		1	5	2
Ignored	1	3		1	2	1
Not applicable	2	5	1		1	6
Grand Total	**6**	**63**	**1**	**4**	**19**	**9**

As many free application tools target premedical applicants, premed respondents generally found these resources to be more interesting while other respondents ignored or did not consider them in their application preparation. Those premed applicants with higher GPAs considered these tools as more influential or persuasive than those with lower GPAs.

Successful Applicants in 2024–2025

Executive Summary

This analysis examines the application experiences of pre-medical and pre-dental students through Fall 2024 and Spring 2025 surveys, revealing key patterns in the admissions timeline and selection processes.

Application Timeline and Completion

Most pre-health applicants follow a structured timeline, submitting primary applications in May-June and completing secondaries by August-September. Interview invitations and initial rejections begin in August, with medical school waitlist notifications starting in October and continuing through January. Pre-dental applicants face a later timeline, not hearing about offers until mid-December.

Examination Strategy and Performance

Nearly 80% of applicants (79 of 97) submitted applications with official exam scores already in hand, while 29 waited for pending results. Pre-medical students who applied with existing MCAT scores generally performed better than those who waited, though 31% still chose to retake the exam. Pre-dental applicants showed a different pattern, with only 20% taking the DAT during the application cycle, but these candidates achieved better scores than their peers.

Situational Judgment Tests (SJTs) and Screening

SJTs have become integral to the process, with 84% of pre-med applicants taking Casper and 55% taking PREview. Nearly half (45%) completed both assessments. Despite widespread use, SJT performance showed minimal correlation with admission success, and most accepted students chose programs regardless of SJT requirements. Only one-third of accepted Casper test-takers attended programs that required the score.

Interview Process Evolution

The interview landscape has shifted toward multi-stage screening, with 55.7% of respondents participating in recorded pre-screening interviews before live interviews. Programs using pre-screening appear more efficient, with medical schools achieving 95.5% acceptance rates for candidates who complete both screening and live interviews, compared to 80.5% for programs without pre-screening.

Key Metrics

- Median interview invitations: 4 (pre-med), 3 (non-pre-med)
- Interview hold/waitlist placement: 49.4% of pre-med applicants
- Virtual interview adoption: 41.2% of pre-med, 29.6% of non-pre-med applicants
- Only 4.8% of medical applicants and 20% of non-medical applicants were removed from interview waitlists

The data suggest that while traditional metrics remain important, the admissions process has become increasingly sophisticated, with multiple screening layers; however, these additions may not significantly impact final enrollment decisions.

How Successful Applicants Navigated the 2024-2025 Cycle

Submitting a complete application

The Fall 2024 Applicant Experience Survey queried applicant behavior when submitting materials for a complete application, while the Spring 2025 survey asked about milestones passed from submitting application materials to receiving an admissions decision. As most respondents were pre-med or pre-dental applicants, they submitted their primary applications in May or June and completed their secondary applications by August or September. Applicants were notified of admissions decisions; interview invitations and pre-interview rejections were sent beginning in August. Medical school applicants began receiving post-interview alternate/waitlist notifications beginning in October, when admissions committees can begin to extend offers; more post-interview alternate spots were extended in December and January (noting pre-dental applicants do not begin hearing about offers until mid-December). Post-interview rejections are generally rare and were not observed to be issued until late fall (by December).

Applying with pending exam scores

Most dental and medical school applicants (79 of 97) applied with an official exam result (DAT or MCAT). 29 applicants waited until a pending exam score was reported. Among pre-med applicants, those who

applied with an official score had higher MCAT scores than those who applied without a result, although 22 of 71 (31%) pre-med students waited until they received a new MCAT score. Only 2 pre-dental applicants (20%) applied and took the DAT during the cycle; in this case, these two had better DAT results compared to the 8 peers who knew their scores before the cycle began.

Situational Judgment Test (SJT) Results

Most respondents took the Casper SJT, including 84% of premeds and 32% "other prehealth." PREview (which is only given to premed applicants) was taken 55% of the time, suggesting there were applicants (39 of 87, 45%) who took both assessments. Roughly 10% of respondents took a recorded video interview (for example, Kira Talent) or a similar recorded screening interview ("phone interview"), but 7 of them were not premed applicants (representing 25% of other prehealth respondents). 20% of all respondents said they did not take a SJT or screening interview, represented by 10% of premed and 54% of other prehealth applicants.

For Casper results, among the 9 prehealth "other" applicants, the distribution of results suggests relatively equal probabilities of having a 1st, 2nd, 3rd, or 4th quartile result. In contrast, the 71 premed applicants self-disclosed a pattern that heavily reported (highest) 4th quartile results (over half). Lower performance on Casper (1st quartile) seems to correlate with a lower MCAT CARS result.

Premed respondents who took the AAMC PREview exam generally scored in their highest (4th) quartile, which includes scores between 6 and 9. The median score was 7, and the interquartile range was 6 to 8.

This analysis does not suggest a clear association between MCAT CARS performance and PREview results.

A different pattern emerges among the 39 premed applicants who took both SJTs. The correlation between MCAT CARS and 1st quartile Casper performance is maintained, but those with higher PREview scores (6-9) have higher MCAT CARS results. The lowest performing respondents on PREview and CARS tend to have lower MCAT CARS results (123) than the other respondents in this group.

Do SJTs affect applicants' success or enrollment decisions?

The survey asked respondents how their programs described using SJTs (or recorded video interviews) in their review process. Among the 115 respondents, 20 avoided programs that used SJTs, but 8 had to complete a recorded screening interview. 26 respondents applied to schools that required or recommended SJTs but did not provide details on how their results would be used for admissions decisions. 44 were told that their SJT results were required for screening applications, yet 24 applicants were also invited to a recorded screening interview. 27 recalled programs used SJT results to determine eligibility for an interview invitation. Sixteen recalled programs used SJT results for final discussions regarding an offer, waitlist, or rejection, and three were informed that SJT results would be used for prioritizing alternates for an offer or scholarship. 20 were told SJT results were used in research to validate admissions criteria, and 11 were told SJT results were used to focus on predicting student success.

The survey asked respondents about how the SJT requirement (Casper or PREview) affected the institution they ultimately chose to attend. The data suggest that admissions committees are not using Casper or PREview to weed out applicants who do not perform well on SJTs. Furthermore, survey respondents do not see SJTs as a disincentive to attend programs that require or recommend their use in the admissions process.

Of the 9 non-premed Casper respondents, 8 were accepted into their desired program, with the remaining one on a waitlist at the time they took the survey. Five premed Casper respondents were not accepted (1 withdrew early from the process), but there was no strong association between their decisions and their Casper results. Among Casper applicants accepted into their programs, only one-third (24 of 72) decided to attend a program that required the Casper score. Performance on Casper (shown by group analysis of first-quartile and fourth-quartile scores) had little effect on admission to a desired program, regardless of the Casper requirement.

Among the 44 PREview respondents, only 5 were not accepted. Twelve (27%) chose to attend a program that uses or is considering PREview as a required or recommended part of their process. 15 (34%) chose to attend a program where the use of PREview was unclear or lacked detail. 11 (25%) were admitted to a program using PREview but decided to attend a program that did not use the exam. Five respondents were not accepted to any program, but there are not enough responses to determine an association with PREview scores.

Recorded Video/Screening Interviews

64 (55.7%) of respondents received an invitation to participate in a screening interview: 76.4% of veterinary school respondents, 53.9% of medical school applicants, and 50% of dental school applicants.

In-person interviews remain an essential step in the application process; however, 61 applicants (54.5%) were invited for a pre-screen interview. Among 4 respondents who completed a recorded interview but were not given an acceptance offer, 1 did not receive an invitation to a live in-person or virtual interview. Among 57 accepted applicants who received a pre-screened interview, one was offered admission (premed regular decision) without an in-person interview.

Regarding non-medical respondents, 2 of 4 applicants who were not accepted completed a pre-screen interview, but one did not receive an invitation to a live interview. In contrast, all 15 of 23 accepted applicants (65.2%) were involved in both a pre-screening interview and a live interview. In contrast, 2 of 10 premed respondents without an acceptance completed a pre-screen interview as well as a live interview. 41 of 75 (54.7%) accepted applicants were admitted after recorded and live interviews.

Programs that pre-screen may be more efficient in confirming offers to candidates who will perform well on live interviews. Among non-premed applicants, the recorded screening interview appears to be required for an invitation to interview, with one live-interviewed candidate not offered admission (at the time of the survey). In contrast, medical schools that use pre-screen interviews appear to be more efficient when extending offers (42 of 44, 95.5%) than those that did not conduct recorded screening interviews (33 of 41, 80.5%).

Invitations to Live Interviews

The median number of interviews was 4 for premeds and 3 for non-premeds. Eight of 27 non-premeds (29.6%) had at least 1 virtual interview, while 35 of 85 premeds (41.2%) had at least 1 virtual interview.

Many programs put candidates on an "interview hold/waitlist" saying that their file may be considered for available interview spots. While most non-premed applicants received such a notice, 10 of 28 (35.7%) were placed on a waiting list for a live interview, even after 9 completed a recorded screening interview. Two respondents (20% of those placed on interview hold, both with screening recorded interviews) reported being taken off the "interview waitlist." Among 87 premed applicants, 43 were placed on an interview hold for at least one program (49.4%); 3 (4.8% of those on interview hold, all three without a recorded screening interview) reported being taken off the "interview waitlist."

Earning an interview invitation still relies on strong metrics performances, though the number of invitations earned does not linearly correlate with GPA or exam results.

- **Number of interview invitations:** Median 4, IQR 2-9
- **Attended live interviews:** Median 4, IQR 2-7
- **Post-interview alternate/waitlists initially received:** Median 2, IQR 1-3
- **Placed on "interview hold/waitlist":** 51
    - 2 medicine (41 total) received an interview (4.8%)

- 2 non-medicine (10 total) received an interview (20.0%)

Application Submission Timeline

This table shows milestones experienced by 2024-2025 applicants (n=115). MCAT and DAT averages are listed where there are three or more respondents.

Month	Primary Submitted	Last Secondary Submitted	Pre-Interview Rejections	Interview Invitations	Post-Interview Rejections	Post-Interview Waitlist
May	39 (MCAT 516.5; DAT 21.0)	1		1		1
June	42 (513.5; 21.3)	6 (MCAT 508.3; DAT 21.3)		1		
July	10 (507.8; 20.0)	15 (518.2)	2	17 (MCAT 515.6; DAT 22.7)		
August	8 (502.3)	32 (515.5; 21.3)	13 (MCAT 516.2)	32 (517.1; 21.7)		
September	12 (500.0)	27 (514.3)	22 (516.5)	14 (511.0)	1	1
October	2	13 (506.4)	17 (513.4)	14 (512.1)		11 (MCAT 518.1)
November		5 (513.7)	18 (511.1; DAT 19.0)	12 (509.4)	1	11 (516.1)

Month	Primary Submitted	Last Secondary Submitted	Pre-Interview Rejections	Interview Invitations	Post-Interview Rejections	Post-Interview Waitlist
December		8 (509.4)	18 (514.8; 21.7)	9 (502.0)	3 (MCAT 514.0)	14 (516.1; DAT 22.5)
January			5 (511.5; 23.5)	6 (511.7)	8 (520.3)	21 (512.2)
February			3 (509.3)	1	9 (514.7)	21 (514.0)
March or April		2	5 (509.4)	1	14 (516.3)	10 (515.9)
Other		5 Did not submit secondaries (MCAT 494.0)	10 did not receive a pre-interview rejection (MCAT 506.3)	7 did not receive invitation to interview (512.0)	75 did not receive a post-interview rejection (511.7)	25 did not receive waitlist notice (505.2)

How many hours of experience did you have on your application?

In-person clinical experience	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine	Grand Total
Immersive lived/employed	3	34	9	46
Significant field (over 1000 hours)	2	21	3	26
Average (500-1000 hours)	1	14	4	19
Modest (150-500 hours)	2	10		12
Superficial (1-150 hours)	1	3	1	5
None		1		1
(blank)	1	4		5
Grand Total	**10**	**87**	**17**	**114**

In-person non-clinical community service	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine	Grand Total
Immersive lived/employed	1	14	6	21
Significant field (over 1000 hours)	1	11	1	13
Average (500-1000 hours)	3	18	2	23
Modest (150-500 hours)	2	32	4	38
Superficial (1-150 hours)	2	7	4	13
None		1		1
(blank)	1	4		5
Grand Total	**10**	**87**	**17**	**114**

Non-profit volunteering or fundraising	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine	Grand Total
Immersive lived/employed	1	10	4	15
Significant field (over 1000 hours)	2	12	2	16
Average (500-1000 hours)	3	13	2	18
Modest (150-500 hours)	2	23	2	27
Superficial (1-150 hours)	1	11	6	18
None		14	1	15
(blank)	1	4		5
Grand Total	**10**	**87**	**17**	**114**

Formal research, capstone, or internship	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine	Grand Total
Immersive lived/employed	1	13	5	19
Significant field (over 1000 hours)	1	10	2	13
Average (500-1000 hours)	3	14	4	21
Modest (150-500 hours)	3	19	2	24
Superficial (1-150 hours)	1	9	2	12
None		18	2	20
(blank)	1	4		5
Grand Total	**10**	**87**	**17**	**114**

Pipeline or enrichment program	Dentistry	Medicine (allopathic or osteopathic)	Veterinary Medicine	Grand Total
Immersive lived/employed		2		2
Significant field (over 1000 hours)		1	2	3
Average (500-1000 hours)		5		5
Modest (150-500 hours)	1	2		3
Superficial (1-150 hours)	4	11	3	18
None	4	62	12	78
(blank)	1	4		5
Grand Total	**10**	**87**	**17**	**114**

Did you know your exam score before you submitted your application?

Desired health profession	Had exam score before submitting	Waited to submit until they got their new score	Last exam score
Dentistry	**10**	**No / Yes**	**DAT AA / PAT**
No	2	1 / 1	22.5 / 20.0
Yes	8	5 / 3	20.6 / 20.6
Medicine (allopathic or osteopathic)	**87**	**No / Yes / NR**	**MCAT overall / CARS**
No	10	6 / 3 / 1	506.4 / 125.0
Yes	71	46 / 22 / 3	514.4 / 128.1
(blank)	6	0 / 0 / 6	518.5 / 127.0
Veterinary Medicine	**17**	**No / Yes / NR**	
No	3	3 / 0 / 0	
Yes	2	1 / 1 / 0	
(blank; GRE is not required)	12	0 / 0 / 12	
Grand Total	**114**	**62 / 30 / 22**	

How SJTs and RVIs Are Used

How did programs describe how SJT's or RVI's were used in their review process?	Responses (n=115)	Invited to screening (SVI, Kira) interview
None of the programs I applied to used situational judgment tests	20	8
None of the programs I applied to that required or recommended SJTs told me how they would use the results	26	17
At least one program that required or recommended SJTs disclosed that they **required results to screen applications**	44	24
At least one program that required or recommended SJTs disclosed that they **required results to determine interview eligibility**	27	16
At least one program that required or recommended SJTs disclosed that they **required results in final file discussions (offer, waitlist, or rejection)**	16	10
At least one program that required or recommended SJTs disclosed that they **required results for post-decision decisions (priority score for waitlist or scholarship consideration)**	3	1
At least one program disclosed using SJT results for research focused only on **admissions validation (do results provide complementary or confirmatory information)**	20	11
At least one program disclosed using SJT results for research focused on **validation with student success** (OSCE corroboration, professionalism flags, clerkship performance, psychometrics)	11	9

Situational Judgment Test Requirements

Test Type	115 Total Responses	87 Premed	28 Other
Casper	82	73	9
PREview	48	48	0
Recorded Kira/phone	11	4	7
No - None	23	8	15

Invitations for Screening/Kira Interview

Desired profession Invitation to Screening/Kira Interview	No	Yes	Grand Total
Dentistry	5	5	10
Medicine (allopathic or osteopathic)	41	46	87
Other health profession, or want to describe more	1		1
Veterinary Medicine	4	13	17
Grand Total	**51**	**64**	**115**
Not accepted	**10**	**5**	**15**

Casper Results

Casper result	80 Total Responses	71 Premed	9 Other
1st Quartile	8	6 (CARS 126.0)	2
2nd Quartile	16	13 (128.0)	3
3rd Quartile	17	16 (127.4)	1
4th Quartile	39	36 (128.0)	3 (DAT RC 21.8)

PREview Results

PREview score	Respondents	Average MCAT CARS score
3	4	127.0
4	1	
5	3	124.3
6	10	127.7
7	15	128.2
8	6	127.6
9	6	129.2
Grand Total	**45**	**127.7**

Casper and PREview results

Results (39)	PREview 3-5 (CARS 125.2)	PREview 6-7 (128.3)	PREview 8-9 (128.8)
1st Quartile (CARS 126.0)	3 (123.0)	2 (130.5)	
2nd Quartile (128.4)	1	5 (129.4)	2 (127.5)
3rd Quartile (128.0)		7 (128.0)	1
4th Quartile (128.2)	3 (128.5)	8 (127.1)	7 (129.1)

Casper Program Admission Status

Will you attend a program that required you to take the Casper assessment?	72 Total Responses	69 Premed Students (MCAT 513.0)	8 Casper 1Q Responses	39 Casper 4Q Responses
Yes, it required Casper	24	23	3	14
Admitted, but attending another program that did not require Casper	37	33	4	16
Admitted, but not accepted to a program that required Casper	11	8	0	4
Not accepted	6	5	1	2

PREview Program Admission Status

Will you attend a program that required/recommended you to take PREview?

Will you attend a program that required or recommended you to take PREview?	Count (44)	7 PREview scores 3-5 (MCAT 508.7)	24 PREview scores 6-7 (514.6)	11 PREview scores 8-9 (514.2)
Admitted, PREview required/recommended	10	1	5	4
Admitted, PREview for, Exploring/Research only	2	1		1
Admitted, but PREview use is unclear	15	2	9	4
Admitted to a program that clearly did not require/recommend PREview	11	1	8	2
Not accepted	5	2	2	1

Recorded Screening/Video Interviews

Non-Premed Responses

Interview Invitations (no screening interview)	Respondents non-premed (accepted)	Average overall undergraduate GPA
0	2	3.30
1	2 (2)	3.83
2	2 (2)	3.67
3	2 (2)	3.97
4	1 (1)	3.88
5	1 (1)	3.74
Grand Total	**10 (8)**	**3.72 (3.82)**

Interview Invitations (with screening interview)	Respondents non-premed (accepted)	Average overall undergraduate GPA
0	1	3.00
1	3 (2)	3.01 (3.02)
2	3 (3)	3.37
3	5 (5)	3.70
4	3 (3)	3.67
6	1 (1)	3.84
8	1 (1)	4.00
Grand Total	**17 (15)**	**3.50 (3.57)**

Premed Responses

Interview Invitations (no screening interview)	Respondents premed (accepted)	Average overall undergraduate GPA
0	3	3.68
1	4 (2)	3.76 (3.80)
2	6 (5)	3.94 (3.96)
3	4 (3)	3.86 (3.89)
4	6 (6)	3.41
5	2 (2)	3.91
6	3 (3)	3.86
7	3 (2)	3.71 (3.80)
9	2 (2)	3.63
10+	8 (8)	3.69
Grand Total	**41 (33)**	**3.73 (3.74)**

Interview Invitations (with screening interview)	Respondents premed (accepted)	Average overall undergraduate GPA
0	1 (1)	3.84
1	2 (1)	3.90 (3.80)
3	3 (3)	3.87
4	4 (3)	3.84 (3.83)
5	6 (6)	3.70
6	1 (1)	3.90
7	7 (7)	3.62
8	1 (1)	3.10
9	5 (5)	3.89
10+	14 (14)	3.90
Grand Total	**44 (42)**	**3.73 (3.74)**

Interview Statistics

- **Number of interview invitations:** Median 4, IQR 2-9
- **Attended live interviews:** Median 4, IQR 2-7
- **Post-interview alternate/waitlists initially received:** Median 2, IQR 1-3
- **Placed on "interview hold/waitlist":** 51
    - 2 medicine (41 total) received an interview (4.8%)
    - 2 non-medicine (10 total) received an interview (20.0%)

Interview Invitations	Medicine Responses	MCAT average	Overall GPA
0	4	504.0	3.73
1-3	19	511.7	3.87
4-6	22	513.7	3.70
7-9	18	515.2	3.67
10-12	12	514.3	3.84
13+	10	514.3	3.80

Interview Invitations	Dentistry Responses	DAT, PAT average	Overall GPA
0	2	18.5; 17.0	3.30
1-3	4	20.3; 21.3	3.67
4+	4	23.0, 21.5	3.85

Interview Invitations	Veterinary Responses	Overall GPA
0	1	3.00
1	3	3.01
2	4	3.50
3	5	3.80
4+	3	3.69

MCAT overall	Respondents	Avg invitations
< 500	5	5.2
500 to 504	8	8.1
505 to 509	12	5.3
510 to 514	16	6.2
515 to 519	16	5.6
520 to 521	13	7.2
522 to 524	8	12.9
525 to 528	4	4.8

DAT academic average	Respondents	Avg invitations
18-19	2	0
20-21	4	2.3
22+	4	5.5

Executive Summary of Comparative Analysis: Pre-Health Applicant Demographics and Experience

This analysis examines how different demographic groups experience the pre-health application process, comparing underrepresented vs. overrepresented minorities (URM/ORM), first-generation vs. continuing-generation students, and non-traditional vs. traditional applicants.

Academic Performance and Admissions Outcomes

Similar Success Despite Different Starting Points

All demographic groups achieved remarkably similar admissions outcomes despite variations in academic metrics:

GPA Patterns:

- **URM vs. ORM:** Nearly identical median GPAs (3.83 vs. 3.84)
- **First-generation:** Slightly lower GPA (3.77 vs. 3.84)
- **Non-traditional:** Notably lower GPA (3.68 vs. 3.90)

Admissions Success: Despite GPA differences, all groups received similar numbers of interviews (median of 4-5), offers (median of 1), and waitlist positions (median of 1-2), suggesting that admissions committees successfully account for demographic factors in their holistic review processes.

Self-Perception of Demographic Status

Contrasting Views on Advantage/Disadvantage

Each group's perception of how their demographic status affects admissions reveals significant disparities:

Perceived as Advantageous:

- **URM applicants:** 71% viewed their status as significantly or importantly positive
- **First-generation:** 71% viewed their status as significantly or importantly positive
- **Non-traditional:** 98% viewed their employment experience as significantly or importantly positive

Perceived as Disadvantageous:

- **ORM applicants:** 54% viewed their status as significantly or importantly negative
- **Traditional students:** Mixed perceptions, with most viewing first-generation status neutrally

Information-Seeking Behaviors and Resource Utilization

Institutional Resources

Prehealth Advising Usage:

- **URM students:** More engaged with undergraduate advising (fewer "not applicable" responses)
- **ORM students:** Higher rates of non-utilization (26% vs. 15%)
- **First-generation:** Lower overall engagement but higher value attribution when used
- **Non-traditional:** Significantly less likely to use undergraduate advising (33% "not considered" vs. 11%)

Online Information Sources

Crowdsourced Forums (Reddit, Student Doctor Network): All groups heavily relied on public forums, with 80-90% finding them persuasive or influential, indicating these platforms serve as crucial information equalizers across demographic lines.

Social Media Influencers: Universally low value across all groups, with 60-75% ignoring or not considering this source, suggesting applicants prefer peer-generated over influencer-generated content.

Blogs and Long-form Articles:

- **Traditional students:** 94% found valuable (persuasive/influential/informative)
- **Non-traditional students:** Only 29% found valuable, with 53% ignoring or not considering. This represents the largest information-seeking disparity between any demographic groups studied.

Specialized Resources

Private Online Groups (Discord):

- **First-generation:** 67% not aware or not using
- **Non-traditional:** 55% not aware or not using
- **ORM students:** More engagement than URM students

Recruitment Fairs and Webinars:

- **First-generation:** 54% found valuable vs. 27% for continuing-generation
- **Non-traditional:** 72% found valuable vs. 23% for traditional students
- **URM vs. ORM:** Similar low engagement, with ORMs more likely to view as "not applicable" (53% vs. 32%)

Key Insights and Implications

1. Admissions Equity

The similar outcomes across groups with different academic starting points suggest that holistic admissions processes are successfully identifying potential beyond traditional metrics.

2. Information Access Disparities

While all groups achieve similar admissions success, they access information through different channels:

- **Privileged groups** (ORM, continuing-generation, traditional) rely more on formal advising
- **Less privileged groups** (URM, first-generation, non-traditional) depend more on alternative resources like recruitment fairs

3. Resource Utilization Patterns

- **Universal reliance** on crowdsourced forums indicates their critical role as information equalizers
- **Demographic-specific resources** (recruitment fairs) serve important gap-filling functions
- **Traditional advising structures** may not adequately serve all student populations

4. Perception vs. Reality Gap

The contrast between the perceived disadvantage of ORM students and their actual similar success rates suggests a need for better communication about holistic admissions processes and their outcomes.

This analysis reveals that while pre-health admissions achieve relatively equitable outcomes, the pathways to success vary significantly by demographic group, highlighting the importance of diverse information resources and support systems in maintaining accessible pathways to healthcare careers.

Experience Differences Among Underrepresented vs. Overrepresented Minority Applicants

Applicants from overrepresented communities in healthcare feel like they are at a disadvantage in the admissions process. Our survey examines their experience in comparison to that of applicants from underrepresented communities.

Highlighted boxes correspond to the location of the median response.

We compared the metrics of each group in the Spring 2025 survey. Both groups had similar characteristics in terms of GPA, number of interviews, Casper and PREview results, offers received, and alternate/waitlist positions offered.

Criteria	34 self-identified from (historically) underrepresented backgrounds in healthcare	61 self-identified from overrepresented backgrounds in healthcare
Overall undergrad GPA median (IQR)	3.83 (3.47, 3.91)	3.84 (3.51, 3.92)
Interviews median (IQR)	4 (2, 9)	4 (2, 8.25)
Casper quartiles (1st - 4th)	4; 5; 4; 8	4; 10; 11; 18
PREview median (IQR)	6 (6, 7)	7 (6, 8)
Offers received median (IQR)	1 (0, 2)	1 (0, 3)
Alternate waitlists median (IQR)	2 (0, 5)	2 (1, 3)

Historically underrepresented status was perceived as a positive factor among applicants from those backgrounds. In contrast, overrepresented status was perceived as a negative factor among overrepresented applicants.

How does being URM/ORM impact application success?	Identify as (historically) underrepresented	Identify as overrepresented
Significant positive factor	12	3
Important positive factor	12	2
Neutral/not important	8	23
Important negative factor	2	22
Significant negative factor		11
Grand Total	**34**	**61**

Underrepresented applicants seemed to value information from undergraduate prehealth advisors slightly more positively than overrepresented applicants. More overrepresented respondents claimed they did not utilize their university prehealth advising resources.

Value of prehealth office or advisors (undergraduate)	Being (historically) underrepresented	Being overrepresented
Persuasive	5	7
Influential	3	4
Informative	9	15
Interesting	5	5
Ignored	7	13
Not applicable	5	16
Grand Total	**34**	**60**

Both groups valued information from their application services (AMCAS, AACOMAS, TMDSAS, AADSDAS, or VMCAS) and program admissions teams similarly.

Value of the application service	Being (historically) underrepresented	Being overrepresented
Persuasive	6	8
Influential	3	8
Informative	14	26
Interesting	5	10
Ignored	3	2
Not applicable	3	6
Grand Total	**34**	**60**

Value of admissions teams or offices	Being (historically) underrepresented	Being overrepresented
Persuasive	5	7
Influential	6	7
Informative	9	27
Interesting	5	5
Ignored	4	2
Not applicable	5	12
Grand Total	**34**	**60**

Information from the internet was valued differently based on the sources. Both groups paid attention to but did not highly value information from social media influencers.

Value of social media influencers	Being (historically) underrepresented	Being overrepresented
Persuasive	2	1
Influential	2	8
Informative	6	9
Interesting	7	14
Ignored	14	11
Not applicable	3	18
Grand Total	**34**	**61**

In contrast, applicants valued crowdsourced information from online public forums, such as the Student Doctor Network and reddit forums.

Value of crowdsourced, online public forums	Being (historically) underrepresented	Being overrepresented
Persuasive	10	18
Influential	5	18
Informative	9	15
Interesting	6	7
Ignored	2	2
Not applicable	2	1
Grand Total	**34**	**61**

Few applicants used private online groups. Among those who did, most did not find the information more than interesting.

Value of online private groups (Discord)	Being (historically) underrepresented	Being overrepresented
Persuasive	1	4
Influential	4	5
Informative	7	9
Interesting	5	10
Ignored	7	8
Not applicable	10	24
Grand Total	**34**	**60**

Most applicants consider information from long-form online articles and blogs very valuable.

Value of blogs and articles (such as SDN)	Being (historically) underrepresented	Being overrepresented
Persuasive	7	6
Influential	10	25
Informative	10	18
Interesting	5	8
Ignored	1	1
Not considered	1	3
Grand Total	**34**	**61**

Applicants also used free application tools for information purposes.

Value of free application tools (LizzyM, interview database, GPA calculators)	Being (historically) underrepresented	Being overrepresented
Persuasive	4	5
Influential	4	13
Informative	11	20
Interesting	6	10
Ignored	5	4
Not considered	4	8
Grand Total	**34**	**60**

Most respondents did not consider application-hosted recruitment fairs valuable for their application. Most overrepresented respondents did not participate in such a recruitment fair, likely because they believed that these fairs only welcomed applicants from underrepresented backgrounds.

Value of application-service-hosted fairs and webinars	Being (historically) underrepresented	Being overrepresented
Persuasive	1	1
Influential	3	3
Informative	6	7
Interesting	4	6
Ignored	9	11
Not applicable	11	32
Grand Total	**34**	**60**

First-Generation Applicant Experience

The following results add to our analysis of the Fall 2024 survey (https://www.studentdoctor.net/2025/04/17/mind-the-gap-how-first-generation-and-international-students-navigate-prehealth-pathways/). While first-generation applicants presented slightly lower GPA's, their success to gaining admission was not much different than those who did not identify as first-generation applicants.

Highlighted boxes correspond to the location of the median response.

We compared the metrics of each group in the Spring 2025 survey. First-generation applicants have lower undergraduate GPA's, which may contribute to a slightly lower number of interviews. However, both groups had similar admissions outcomes for offers and waitlists. Our results from the Fall 2024 survey also suggest that first-generation respondents had a slightly lower MCAT median compared to continuing-generation respondents; in contrast, the Spring 2025 respondents had more top Casper scores compared to the Fall 2024 cohort.

	First-generation	Continuing-generation
Grand Total	24	91
Overall undergrad GPA median (IQR)	3.77 (3.32, 3.89)	3.84 (3.50, 3.94)
Interviews median (IQR)	4 (1, 9.25)	5 (3, 8.25)
Casper quartiles (1st - 4th)	1; 3; 0; 10	7; 13; 17; 29
PREview median (IQR)	7 (6.75, 7); Fall 2024 6.5 (4.75, 7)	7 (6, 8)
Offers received median (IQR)	1 (0, 3)	1 (0, 3)
Alternate waitlists median (IQR)	1 (0, 3)	2 (1, 3)

First-generation applicants generally felt that their status was a positive factor in their application review, whereas other applicants felt that their first-generation status was treated neutrally.

Is being a first-generation applicant a factor in the admissions process? (Excluded "not applicable")	First-generation	Continuing-generation
Significant positive factor	7	2
Important positive factor	8	10
Neutral/not important	5	20
Important negative factor	1	2
Significant negative factor		
Grand Total	**21**	**34**

All respondents felt the value of information from prehealth advisors, admissions professionals, and application services was interesting or informative.

Value of prehealth office or advisors (undergraduate)	First-generation	Continuing-generation
Persuasive	2	10
Influential	1	11
Informative	7	18
Interesting	6	9
Ignored	3	21
Not considered	4	21
Grand Total	**23**	**90**

Value of the application service	First-generation	Continuing-generation
Persuasive	4	10
Influential	3	12
Informative	8	38
Interesting	4	15
Ignored	2	5
Not considered	2	10
Grand Total	**23**	**90**

Value of admissions teams or offices	First-generation	Continuing-generation
Persuasive	6	6
Influential	3	17
Informative	8	34
Interesting	2	13
Ignored	1	5
Not considered	3	15
Grand Total	**23**	**90**

Both groups similarly valued publicly available online advice. Most ignored information from social media influencers, but they considered crowdsourced public forums to be influential.

Value of social media influencers	First-generation	Continuing-generation
Persuasive		3
Influential	4	6
Informative	3	12
Interesting	4	17
Ignored	6	28
Not considered	7	24
Grand Total	**24**	**90**

Value of crowdsourced, online public forums	First-generation	Continuing-generation
Persuasive	8	24
Influential	6	28
Informative	4	26
Interesting	5	5
Ignored		3
Not considered	1	4
Grand Total	**24**	**90**

Most first-generation applicants were either unaware of online private groups (such as Discord) or placed less value on any advice they received from them. More non-first-generation applicants participated in private online groups and valued the insight gained from these groups as “informative” or “interesting.”

Value of online private groups (Discord)	First-generation	Continuing-generation
Persuasive	1	4
Influential	3	6
Informative	2	17
Interesting	3	11
Ignored	3	17
Not considered	12	34
Grand Total	**24**	**89**

Online blogs and articles were cited as important sources of information by both groups. Similarly, free application tools were considered informative.

Value of blogs and articles (such as SDN)	First-generation	Continuing-generation
Persuasive	5	9
Influential	6	34
Informative	9	24
Interesting	3	12
Ignored		2
Not considered	1	9
Grand Total	**24**	**90**

Value of free application tools (LizzyM, interview database, GPA calculators)	First-generation	Continuing-generation
Persuasive	3	7
Influential	1	20
Informative	9	27
Interesting	3	17
Ignored	2	7
Not considered	5	12
Grand Total	**23**	**90**

Many first-generation applicants found recruitment fairs to be more valuable compared to non-first-generation respondents.

Value of application-service-hosted fairs and webinars	First-generation	Continuing-generation
Persuasive	2	1
Influential	2	6
Informative	5	10
Interesting	6	8
Ignored	2	18
Not considered	7	46
Grand Total	**24**	**89**

Non-Traditional Applicant Experience

Non-traditional students generally presented lower academic metrics (GPA) than traditional applicants, but their success in gaining admission was comparable.

Highlighted boxes correspond to the location of the median response.

We compared the metrics of each group in the Spring 2025 survey. Non-traditional applicants have lower undergraduate GPA's, but they reported receiving a similar number of interviews. However, both groups had similar admissions outcomes for offers and waitlists.

	Non-traditional	Traditional
Grand Total	58	57
Overall undergrad GPA median (IQR)	3.68 (3.44 ; 3.86)	3.90 (3.78 ; 3.98)
Interviews median (IQR)	4 (1.25 ; 5)	4 (2 ; 7)
Casper quartiles (1st - 4th)	3 ; 11 ; 6 ; 19	5 ; 5 ; 11 ; 20
PREview median (IQR)	7 (6 ; 8)	7 (6 ; 7)
Offers received median (IQR)	1.5 (0.75 ; 3)	1 (0 ; 2.5)
Alternate waitlists median (IQR)	1.5 (0 ; 3)	2 (1 ; 3)

Being a “non-traditional” applicant was viewed to be a significant positive factor in an applicant’s profile.

Is prior employment viewed favorably in the admissions process? (Excluded “not applicable”)	Not-traditional	Traditional
Significant positive factor	39	15
Important positive factor	18	28
Neutral/not important	1	2
Important negative factor		
Significant negative factor		
Grand Total	**58**	**34**

Generally, more traditional students valued information from prehealth advising offices.

Value of prehealth office or advisors (undergraduate)	Non-traditional	Traditional
Persuasive	6	6
Influential	2	10
Informative	13	12
Interesting	6	9
Ignored	11	13
Not considered	19	6
Grand Total	**57**	**56**

Both groups considered information from admissions professionals and application services to be informative.

Value of the application service	Non-traditional	Traditional
Persuasive	9	5
Influential	5	10
Informative	20	26
Interesting	13	6
Ignored	3	4
Not considered	7	5
Grand Total	**57**	**56**

Value of admissions teams or offices	Non-traditional	Traditional
Persuasive	8	4
Influential	9	11
Informative	23	19
Interesting	4	11
Ignored	4	2
Not considered	9	9
Grand Total	**57**	**56**

In contrast, both groups tended to ignore advice from social media influencers.

Value of social media influencers	Non-traditional	Traditional
Persuasive	2	1
Influential	5	5
Informative	8	7
Interesting	10	11
Ignored	14	20
Not considered	19	12
Grand Total	**58**	**56**

Both groups found value in crowdsourced public forums and free application tools.

Value of crowdsourced, online public forums	Non-traditional	Traditional
Persuasive	19	13
Influential	15	19
Informative	12	18
Interesting	6	4
Ignored	2	1
Not considered	4	1
Grand Total	**58**	**56**

Value of free application tools (LizzyM, interview database, GPA calculators)	Non-traditional	Traditional
Persuasive	4	6
Influential	7	14
Informative	19	17
Interesting	11	9
Ignored	6	3
Not considered	10	7
Grand Total	**57**	**56**

Most applicants did not use online private groups. Among those who did, they found the insights to be generally interesting.

Value of online private groups (Discord)	Non-traditional	Traditional
Persuasive	3	2
Influential	6	3
Informative	8	11
Interesting	10	4
Ignored	7	13
Not considered	24	22
Grand Total	**58**	**55**

Most traditional applicants found online blogs and articles to be valuable while most non-trad applicants ignored them or did not consider them.

Value of blogs and articles (such as SDN)	Non-traditional	Traditional
Persuasive	3	7
Influential	6	24
Informative	8	11
Interesting	10	7
Ignored	7	1
Not considered	24	6
Grand Total	**58**	**56**

In contrast, non-traditional students found recruitment fairs and webinars to be more valuable compared to traditional applicants.

Value of application-service-hosted fairs and webinars	Non-traditional	Traditional
Persuasive	4	0
Influential	7	3
Informative	19	8
Interesting	11	5
Ignored	6	8
Not considered	10	32
Grand Total	**57**	**56**

Discussing the Applicant Journey

This report represents our first attempt to examine the application process to health professions programs in medicine, dentistry, and veterinary medicine. We gather preliminary insights into applicant experiences, addressing their financial concerns, academic performance, resource usage, and trust, and tie these insights to admissions outcomes, especially among those who have been successfully accepted. Insights from our surveys support the framework of "Changing the Narrative for Black Men in Medicine," a collaborative effort designed by the National Medical Association and the Association of American Medical Colleges to document how all applicants prepare for the application process. We also examine the differences between applicants who aspire to become future dentists and veterinarians, two fields that suffer from a lack of representation, particularly among Black males.

Access to Wealth is a Significant Factor.

Our survey responses indicate that individuals from under-resourced backgrounds typically saved or budgeted a smaller amount of money for their application costs, fundraised or received fewer financial gifts, and tended to incur more consumer debt. They were also less likely to request or receive assistance from application services (fee assistance programs). Our survey did not ask about financial aid awards that will help these applicants to stay in their accepted programs, as the timing of such awards is not synchronized with the application cycle.

Access to trustworthy information can differ.

While most traditional applicants rely on formal advising structures (academic advisors, prehealth advisors, student services, faculty connections), those from some groups (first-generation, overrepresented, or non-traditional) are less likely to use or trust them. Strong messaging to encourage underrepresented minorities to lean on administrative resources seems to disenfranchise non-URiM members who feel they are ineligible or undesired. Consequently, these other groups find advice from online communities more trustworthy.

Most respondents sought advising sources that provided structure and direction to develop a strong application profile, preprofessional preparation, and application support. Effective prehealth advising also supported each individual's goals, rather than acting as a gatekeeper or judge.

Publicly available online resources from authoritative sources, such as admissions teams and application services, were recommended; however, only underserved communities felt that recruitment events or campus visits provided value. Many from overrepresented groups felt their participation may not be welcome, as the programs may be explicitly welcoming for those with limited resources.

Even though most successful applicants shared similar academic metrics, those from privileged or overrepresented backgrounds felt their identities worked against their chances of success.

Whose voices are missing?

The response pool limits our survey conclusions, and we seek more voices who participated in pipeline programs, those who identify as

Middle Eastern/North African or Jewish, and those pursuing non-medical careers (dentistry and veterinary medicine). We acknowledge that most applicants learn about our survey programs through interaction with the online forum community at the Student Doctor Network. Therefore, we hope that other partners and collaborators can help us expand the number of respondents in future surveys.

Storms Forecasted Along the Journey

The 2025-2026 application cycle is the first since the passage of the 2025 HR 1 ("Big Beautiful Bill"), which changed federal support for higher education, student loans, Medicare, diversity programs, education, research grants, and social support programs. Changes in the Income-Based Repayment system and cumulative limits on federal student loans have further restricted options for low-income, low-socioeconomic status students to access funds. Financial pressures on major research institutions and medical schools, along with changes in grant funding policies, further restrict opportunities for students to gain exposure and experience for a science- or engineering-based career. AAVMC released YouTube videos encouraging pre-vet applicants to remain undeterred but vigilant in their journey to become veterinarians, covering contemporary knowledge of the impact of HR 1, also known as the "Big Beautiful Bill," on student loan limits (https://youtu.be/akDmYH3cXH4?si=x44qjzrckb1__HYm) and loan repayment plans (https://youtu.be/dXNjr6CA428?si=pqOM1KVL2VmXr6BP).

However, HR 1 has expanded the use of 529 savings plans. While they were designed to offset anticipated costs for college tuition, HR 1 now

allows 529 plans to cover other educational expenses, including for elementary or secondary education. Tuition for trade/vocational programs, and preparation for credentials (such as test prep for the MCAT, USMLE, or other licenses) may also be covered, provided that the institutions providing these courses are "recognized." (Want to Study Welding or Prepare for the Bar Exam? You Can Now Use a 529 Plan.) .

We plan to schedule future surveys to assess the impacts of these pending and future changes on applicants in the 2025-2026 cycle. Are there specific vulnerabilities that applicants, advisors, and administrators should be aware of? How will these changes affect our nation's abilities to address health disparities, especially in rural and low-resource communities? Can the Change the Narrative Framework guide us to develop new approaches and solutions to address critical anticipated shortages in the healthcare workforce?

Research and Faculty References

Prehealth applicants worry about the importance of a research experience in the application process. Research offers a rewarding opportunity to work under mentored guidance, unlike the impersonal atmosphere of a large lecture hall or the constraints of a small classroom, and can help with obtaining faculty references. Even though many health professions admissions officers downplay the importance of research for acceptance, for many prehealth/premed students, research is considered an unspoken requirement. AMCAS school profiles show that over 75% of incoming students claim to have a research experience before matriculation.

The Spring 2025 Applicant Experience Survey looked at the type of research conducted by accepted students and the role research had on their competitiveness and program choice. I also wanted to know how applicants managed to secure letters of recommendation from professors.

We received 115 completed responses, with 99 receiving offers of admission for the entering class of 2025. Seventy-five respondents were accepted to medical school (MD/DO), eight to dental schools, and 15 to veterinary school. We focused on the applicant's relationship with faculty references and how they felt research was valued among the schools where they interviewed.

Research Experience Categories and Outcomes

Prehealth applicants engaged mostly in bench-related research typically found in universities and medical centers. Seventy-eight described their research as molecular biology, physiology, or clinical research. Other research included observational studies (outdoor or simulated), qualitative interviews, or literature reviews.

Accomplishments cited by applicants include posters or presentations for a conference, earning authorship in a peer-reviewed article, or receiving recognition for their accomplishments (honors thesis or an award supporting their work). About half of the respondents presented their research at a department or university showcase. In addition, about 20% of respondents disclosed that they did not have any of these accomplishments when they applied.

Over 80% of respondents highlighted research in their applications. Seventy-five percent of respondents said their research was a topic during their interviews. Respondents felt that research contributed 50% (median) to the effectiveness of their applications, but they considered research as less critical in their school lists (median 37.5% effect).

Respondents' advice about including research experience in their applications are summarized by Microsoft Copilot:

- *Importance of Research*: Research is considered crucial for dual-degree programs like MD/PhD and research-heavy schools. It can open doors and validate an applicant's commitment to scientific inquiry.

- *Publications and Productivity*: Publications are often valued more than hours spent in research. However, lack of publications does not necessarily undermine the significance of research experience.
- *Program Dependency*: The emphasis on research varies by program. For some schools, it is a key factor, while for others, it is less relevant or just a checkbox.
- *Presentation and Narrative*: The ability to articulate research experiences clearly and connect them to personal contributions is often more impactful than the accolades themselves.
- *Clinical vs. Research Experience*: Clinical experience is sometimes prioritized over research in interviews, though research can still contribute to skills like critical thinking and independence.
- *Mixed Perspectives*: Some applicants felt research was essential, while others found it irrelevant or overemphasized. The "research arms race" was noted as a growing concern.

Building Strong Faculty Relationships for References

While most took a class given by their professors (98%), over half of the respondents worked for a professor in their lab (58.2%) or as a teaching assistant or other administrative role (49.0%). Some respondents commented that they shared similar interests or hobbies outside of a classroom setting (21.0%). Only 6.1% described their relationships with a professor used as a reference as superficial.

Generally, students had their faculty supervisor author their reference letter (48.5%); 42.6% did not have a “research letter” in their letter packet. A small percentage (10.1%) had a graduate student or postdoc contribute to an evaluation, cosigned by the supervising faculty member.

Respondents often provided materials that added context to the reference letter. Most gave their references a resume highlighting their overall accomplishments (90.8%) and a draft of their application personal statement (65.3%) or primary application (24.5%). Respondents generally scheduled a face-to-face meeting (56.1%) or a virtual appointment (19.4%) to request a letter. While most provided guidelines for reference letters provided from their prehealth office of AAMC (54.1%), many also suggested additional highlights or context (19.4%). About 15% completed a questionnaire as part of their prehealth office’s process for an institutional/committee evaluation. Only 6.1% gave their references a cover sheet for their letter, which disclosed their consent to waive their FERPA rights.

Most applicants considered their application letters of recommendation as “very strong or enthusiastic” (53.1%) or “strong and confirming” (38.8%). Only 4.1% were unsure how strong their reference letters were.

Most applicants managed their reference letters through a dossier subscription service (43.9%). Many others relied on the central application service’s letter management programs (28.6%) or their prehealth office’s resources (19.4%) or a contracted dossier service they used (10.2%). A handful of respondents asked their references to send letters directly to each program (9.2%) or submit a rating form (1.0%). Respondents spent a median of $30 to deliver letters (interquartile range $0 to $70).

Respondents' advice about securing and delivering letters of recommendation are summarized by Microsoft Copilot:

- *Cost of Services*: Some applicants had to pay fees for services like Interfolio or prehealth advising offices to collect and deliver letters, while others reported no costs or complimentary services.
- *Challenges with Letter Writers*: Issues included unresponsive or neglectful recommenders, difficulty obtaining letters from professors, and challenges for non-traditional applicants needing older references.
- *Use of Interfolio and Other Platforms*: Interfolio was commonly used, with mixed reviews. Some found it convenient, while others found it unintuitive or unnecessary compared to other services like that from the AAMC.
- *Prehealth Advising Office Support*: Experiences varied widely. Some offices provided streamlined, efficient processes, while others caused delays or lacked services like committee letters.
- *Self-Management*: Many applicants managed the process independently, coordinating directly with letter writers or using platforms like AMCAS or VMCAS.
- *Process Efficiency*: Positive experiences highlighted streamlined systems, early planning, and clear communication, while negative experiences included delays, lost letters, and unclear instructions.
- *Ethical Concerns*: Some comments raised concerns about fabricated letters and the need for reforms in the recommendation process.

Timing for Reference Requests

Based on messaging from admissions teams, respondents felt letters were required to complete the initial pre-interview screening process (85.3%). About 30% of respondents were told letters must be received before being invited to interview, but were not required for initial screening. Fewer respondents were told letters must be received before interview day (5.3%) or after interview day to receive a final admissions decision (1.1%).

Most applicants used the winter/spring months to secure their references, with peak requests occurring in April and May. After applicants could submit their primary application, most received confirmation of the receipt of their letters in May, June, and July.

While most respondents received no feedback about their letters of recommendation (69.4%), many respondents reported positive feedback about their letters (21.4%). Few (8.2%) were told that at least one of their letters did not satisfy expectations (missing a signature, not on letterhead) as their application was screened for interview consideration.

Summary of Findings

The research profile of accepted applicants, based on the Spring 2025 Applicant Experience Survey, suggests the following:

- Most applicants engage in biochemical, molecular, or cell biology research, but applicants with qualitative social science, field/observational study, or literature reviews are also successful in gaining admission.

- Around half of all applicants had presented their work as a poster or oral presentation at a conference (on-campus or regionally/nationally). While many applicants strive to show productivity in their research, 20% did not have a presentation or manuscript by the time their applications were submitted.
- Most applicants had a letter of recommendation from their research supervisor, while some had a co-signer from a graduate student or staff scientist/postdoc who directly managed the candidate.
- Most candidates asked for letters of recommendation beginning in the winter/spring term, months before the application window opened.

These insights help applicants understand how much research contributes to their application profile. Many respondents said their research was a topic in their interviews or conversations with school representatives and felt it made a big difference for a desirable application profile. While productivity (presentations and publications) may be valued for applicants pursuing a PhD-combination track, a research experience is not necessary for traditional applicants' success.

However, future research opportunities have been under threat since the start of 2025. Disruptions in research funding have denied many undergraduate and graduate students a chance to explore fundamental, clinical, or public health research. Many faculty and staff in research and pathway programs were subject to furloughs, layoffs, and terminations as support was suspended, reducing access to potential reference letter writers. International students may feel

unsafe knowing that political decision-makers could end their projects or that they could be detained or forced to leave the United States due to sudden policy changes. Opportunities to do student research or graduate study outside the United States may become more available, but these opportunities will favor those who can afford to take advantage. Coupled with proposed restrictions on federal financial aid, health professional careers that require doctoral-level training may be further out of reach for many from challenging socioeconomic backgrounds. Future HPSA surveys may investigate how restricted research opportunities shape someone's aspirations to be prepared as a health professional student or for specific residency opportunities.

PREHEALTH RESEARCH

How do accepted applicants describe their research experiences (HPSA Spring 2025 survey)

MOLECULAR BIOLOGY

69%

CLINICAL RESEARCH

16%

PHYSIOLOGY

13%

OUTDOOR OBSERVATION

13%

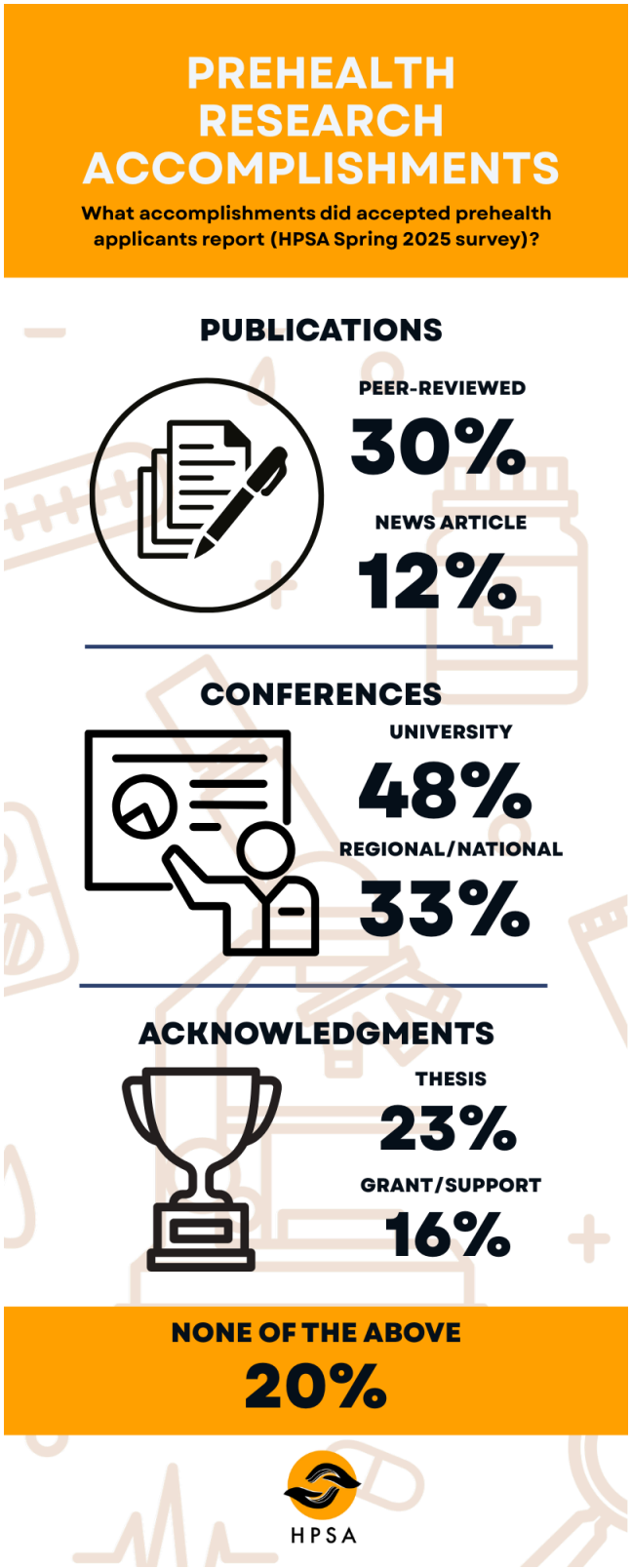
QUALITATIVE

8.8%

LITERATURE REVIEW

7.5%

HPSA


PREHEALTH RESEARCH ACCOMPLISHMENTS
What accomplishments did accepted prehealth applicants report (HPSA Spring 2025 survey)?
PUBLICATIONS
PEER-REVIEWED
30%
NEWS ARTICLE
12%
CONFERENCES
UNIVERSITY
48%
REGIONAL/NATIONAL
33%
ACKNOWLEDGMENTS
THESIS
23%
GRANT/SUPPORT
16%
NONE OF THE ABOVE
20%
HPSA

COLLABORATING WITH REFERENCES

What helped references write strong letters of evaluation (HPSA Spring 2025 survey)?

WHO AM I?

RESUME
91%

PERSONAL STATEMENT
65%

PRIMARY APPLICATION
25%

MEETINGS

FACE-TO-FACE
56%

VIRTUAL
19%

ADDITIONAL INFORMATION

AAMC GUIDELINES
54%

PERSONAL HIGHLIGHTS OR CONTEXT
19%

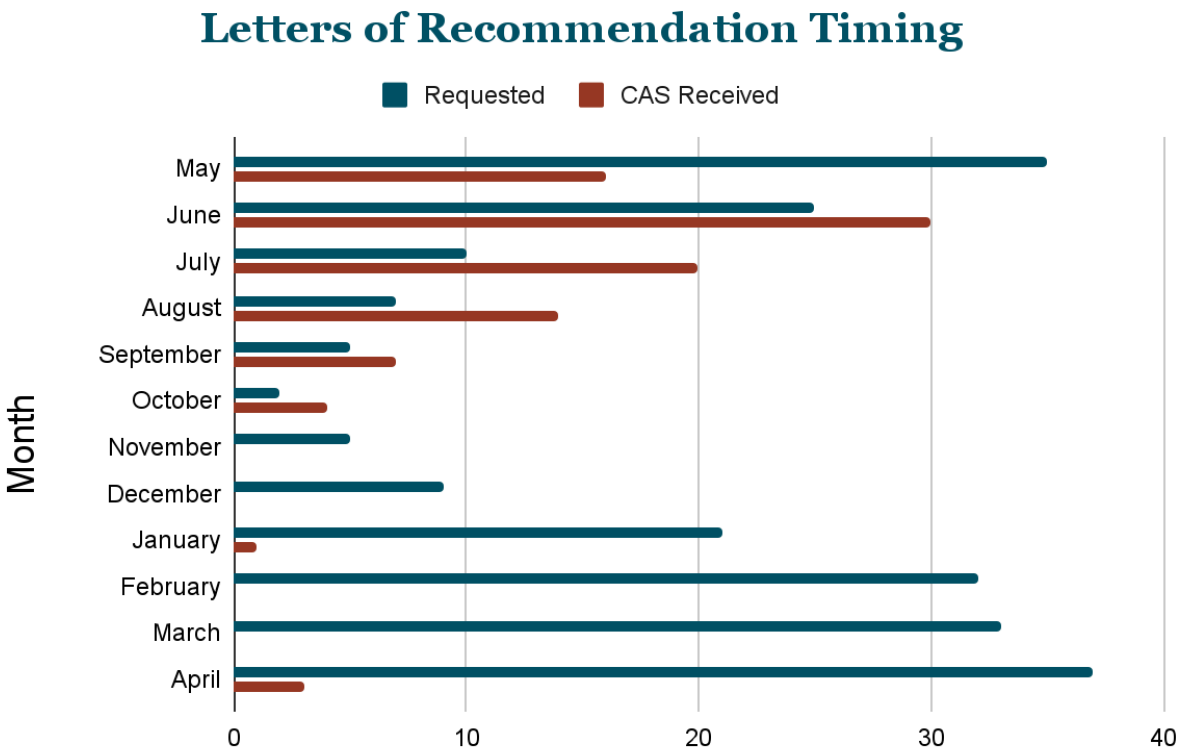
ADVISOR QUESTIONNAIRE
15%

FERPA WAIVER COVERSHEET
6.1%

90%

WERE CONFIDENT THAT THEY HAD STRONG LETTERS

HPSA


Letters of Recommendation Timing
Requested
CAS Received
Month
May
June
July
August
September
October
November
December
January
February
March
April
0
10
20
30
40