

**COLUMBIA UNIVERSITY**  
**COLLEGE OF PHYSICIANS & SURGEONS**  
*MSPE Biography Form*

**MEDICAL STUDENT PERFORMANCE EVALUATION BIOGRAPHY FORM**

The Medical Student Performance Evaluation (MSPE) is the College of Physicians and Surgeons' assessment of your performance through three full years of medical school and, as much as possible, the fourth year. The MSPE describes your academic performance and professional attributes in a sequential manner. The MSPE is considered a component of your academic record and will be available for your review.

This biography form will be used in the preparation of your MSPE and is intended to complement your academic transcript with details about your life prior to medical school, the extracurricular interests and activities you pursued during medical school and your goals and aspirations for your postgraduate training and career.

Please answer all questions. This biography form must be fully completed before review with the Dean of Student Affairs. You may tab through the fields and type information directly onto this form.

**Date:**

**GENERAL INFORMATION**

NAME:

*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle Initial* \_\_\_\_\_ *Suffix (Jr., II)* \_\_\_\_\_

CITIZENSHIP:

Country where raised if not US: \_\_\_\_\_  
\_\_\_\_\_

**PRE-MEDICAL EDUCATION**

UNDERGRADUATE:

\_\_\_\_\_

<i>Institution</i>	<i>Degree</i>	<i>Month/Year</i>	<i>Field</i>
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GRADUATE (IF ANY):

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<i>Institution</i>	<i>Degree</i>	<i>Month/Year</i>	<i>Field</i>
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PLEASE LIST ANY MEMBERSHIPS IN SCHOLASTIC AND SCIENTIFIC HONOR SOCIETIES, GRADUATION HONORS AND UP TO 4 SIGNIFICANT EXTRACURRICULAR ACTIVITIES FROM COLLEGE OR GRADUATE SCHOOL.

DID YOU CONDUCT RESEARCH DURING COLLEGE? PLEASE CHECK ONE: YES \_\_\_\_\_ NO \_\_\_\_\_ ; IF YES, PLEASE COMPLETE RESEARCH EXPERIENCE FORM THAT IS INCLUDED.

**INTERIM ACTIVITIES**

IF YOU DID NOT ENTER MEDICAL SCHOOL IMMEDIATELY AFTER GRADUATING FROM COLLEGE, BRIEFLY DESCRIBE YOUR ACTIVITIES DURING THE INTERIM IN TEMPORAL SEQUENCE.

**SUMMER ACTIVITIES**

PLEASE LIST YOUR ACTIVITIES FOR THE 2 SUMMERS BEFORE MEDICAL SCHOOL AND DATES:

PLEASE DESCRIBE YOUR SUMMER ACTIVITIES BETWEEN YOUR FIRST AND SECOND YEARS OF MEDICAL SCHOOL.

**MEDICAL SCHOOL ACTIVITIES**

PLEASE DESCRIBE ANY JOBS YOU HELD DURING MEDICAL SCHOOL INCLUDING TYPE, LOCATION AND DATES.

PLEASE LIST ANY EXTRACURRICULAR ACTIVITIES, CLASS OFFICES, COMMITTEE MEMBERSHIPS AND LEADERSHIP POSITIONS YOU HELD DURING MEDICAL SCHOOL.

PLEASE LIST ANY FELLOWSHIPS, AWARDS, PUBLICATIONS AND OTHER ACCOMPLISHMENTS THAT SHOULD BE INCLUDED IN YOUR MSPE (YOU MAY APPEND A LIST OF PUBLICATIONS).

PLEASE DESCRIBE ANY TRAVELS YOU HAVE HAD DURING MEDICAL SCHOOL, INCLUDING DESTINATIONS AND DATES.

PLEASE DESCRIBE YOUR PROFICIENCY IN LANGUAGES OTHER THAN ENGLISH. (PROFICIENT MEANS ABLE TO CARRY ON A SOLID CONVERSATION BUT IS SHORT OF FULL FLUENCY.)

IF YOU HAVE HAD ANY INTERRUPTION IN YOUR MEDICAL EDUCATION, PLEASE LIST INCLUDING THE DATES AND REASONS.

**POSTGRADUATE EDUCATION**

PLEASE DESCRIBE YOUR PLANS FOR POSTGRADUATE EDUCATION, INCLUDING CHOICE OF RESIDENCY AND IF RELEVANT, FELLOWSHIP.

PLEASE DESCRIBE YOUR GEOGRAPHICAL PREFERENCE FOR POSTGRADUATE EDUCATION, IF ANY.

PLEASE DESCRIBE THE TYPE OF SETTING (SUBURBAN, URBAN, RURAL) IN WHICH YOU WOULD LIKE TO COMPLETE YOUR POSTGRADUATE EDUCATION.

PLEASE DESCRIBE THE TYPE OF SIGNIFICANT SUPPORT (IE, FAMILY, FRIENDS, NONE) YOU HAVE IN YOUR PREFERRED GEOGRAPHIC AREA.

PLEASE DESCRIBE ANY EXTRACURRICULAR ACTIVITIES WHICH BEAR ON YOUR CHOICE OF LOCATION FOR POSTGRADUATE TRAINING.

**CAREER PLANS**

PLEASE DESCRIBE THE TYPE OF CAREER YOU EXPECT TO PURSUE (IE, ACADEMIC: RESEARCH/TEACHING/ADMINISTRATIVE, COMMUNITY PRACTICE, PRIVATE PRACTICE, ETC.)

PLEASE DESCRIBE ANY ENTREPRENEURIAL ASPIRATION YOU PLAN TO PURSUE OUTSIDE OF MEDICAL PRACTICE.

PLEASE DESCRIBE THE GEOGRAPHIC AREA AND TYPE OF COMMUNITY IN WHICH YOU PLAN TO PRACTICE IF DIFFERENT FROM YOUR PLANS FOR POSTGRADUATE TRAINING

IN TERMS OF YOUR FUTURE PLANS, WHAT ROLE DO THE FOLLOWING PLAY:

1. LENGTH OF POSTGRADUATE EDUCATION

2. FINANCIAL NEEDS AND DEBT

3. LIFESTYLE (SHORT AND LONG-TERM)

4. CULTURAL NEEDS

5. INTELLECTUAL/ACADEMIC NEEDS

6. COMMUNITY SERVICE

7. FAMILY

8. OTHER

### **RESEARCH EXPERIENCE**

IF YOU HAVE HAD RESEARCH EXPERIENCE, PLEASE COMPLETE THE "RESEARCH EXPERIENCE" IN BACK OF THIS PACKET.

### **PERSONAL QUALITIES**

WHAT ARE YOUR OUTSTANDING PERSONAL TRAITS AND UNIQUE CHARACTERISTICS.

PLEASE ASSESS YOUR STANDING IN YOUR CLASS.

PLEASE ASSESS YOUR RELATIONSHIPS WITH:

1. PEERS

2. FACULTY

3. PATIENTS

WHAT DO YOU PERCEIVE TO BE YOUR MAJOR WEAKNESSES.

PLEASE DESCRIBE THE EXTRACURRICULAR THEMES OR AREAS OF MAJOR FOCUS IN YOUR LIFE TO-DATE(IE, SPORTS, WRITING, TRAVELING, MUSIC, ETC.)

HOW DO YOU ENVISION YOUR LIFE IN 15 YEARS.

**COLUMBIA UNIVERSITY  
COLLEGE OF PHYSICIANS & SURGEONS  
Research Experience Form**

**GENERAL INFORMATION**

DEPARTMENT:

ADVISOR:

DATES:

AREA OF RESEARCH:

PLEASE CONCISELY SUMMARIZE YOUR RESEARCH ACCOMPLISHMENTS TO-DATE.

- College
- Medical School
- Other

**PUBLICATIONS**

PLEASE LIST YOUR PUBLICATIONS TO DATE WITH COMPLETE REFERENCES.

- From college research
- From medical school research
- From other research

**PRESENTATIONS**

PLEASE LIST ANY PRESENTATIONS YOU HAVE MADE TO SCIENTIFIC GROUPS.

- College
- Medical School
- Other

**FUTURE GOALS**

IN WHAT WAYS, IF ANY , DO YOU EXPECT YOUR RESEARCH EXPERIENCE TO PLAY A ROLE IN YOUR FUTURE.

Columbia University  
College of Physicians & Surgeons  
Office of Student Affairs

Spring 2008

Dear Rising 4<sup>th</sup> Year Student,

The P&S Office of Student Affairs oversees your application to residency. In addition, in order to determine whether our graduates have obtained the requisite knowledge, skills and attitudes of a physician, and improve any areas of deficiency in the P&S curriculum, we conduct a survey each year of residency training directors regarding the performance in internship of our graduates. This survey also satisfies a requirement of LCME accreditation to track our graduates. The survey is returned to the office anonymously and all information is collated and reported in aggregate form.

Please take a moment to review the consent form below to allow us to submit your residency information to ERAS (Electronic Residency Application System) and/or to survey your residency training director at the end of your internship year.

Sincerely,

Lisa A. Mellman  
Senior Associate Dean for Student Affairs

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I hereby give the Office of Student Affairs permission to submit my residency application information to ERAS (Electronic Residency Application System).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

I hereby give the Office of Student Affairs permission to contact my residency program director for program evaluation purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name