

**Medical/Dental/Other Health Related Professions School
INTERVIEW QUESTIONNAIRE**

The responses to the following questions will help other applicants learn about your experiences at school interviews. We would very much appreciate your completing this form as soon as possible. You can drop it off at MIT Careers Office in Room 12-170 or e-mail it to us at sarra@mit.edu. Thank you for completing this questionnaire.

Name of School _____ Today's Date _____
Name of Program applied to (MD, MD-PhD, MPH, DMD, etc) _____

Location (city/state) _____
Date of interview _____

Did you have one _____ or more interviews at this school? _____

How long was (were) your interview(s) ? _____

By whom were your interviews conducted?

- _____ dean or director of admissions
- _____ other administrators in admissions office
- _____ faculty
- _____ student
- _____ panel (two or more interviewers)
- _____ other If other, please explain _____

What were some of the questions you were asked?

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

What was the most difficult question for you to answer? _____

Had the interviewer read your file prior to the interview? _____ yes _____ no _____ not sure

Did you participate in a mock interview prior to attending your school interview? If yes, what was most helpful about the mock interview? _____

What could have improved the mock interviews ability to prepare you for the real interview?

What did you learn from your school interview? How would you advise other applicants to prepare?

Were you given a tour? _____ yes _____ no

If yes, please describe the school, etc.

Which schools were your top 3 choices? _____

Which school did you select to attend? _____

If you are willing to be contacted by other MIT students in any/all of the following areas, please check the appropriate boxes:

- medical/dental/other health professions school
- your applications
- interviews

Name _____

Telephone number _____ e-mail _____

Address _____