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CHANGES IN ADMISSIONS POLICIES AT MEDICAL SCHOOLS BEFORE AND AFTER THE BAKKE DECISION

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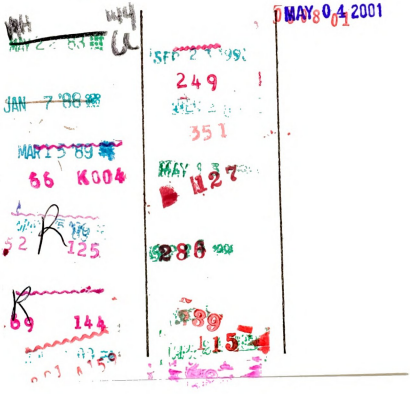

CHANGES IN ADMISSIONS POLICIES AT MEDICAL SCHOOLS BEFORE AND AFTER THE *BAKKE* DECISION

By

James Andrew Berlowe

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ABSTRACT

CHANGES IN ADMISSIONS POLICIES AT MEDICAL SCHOOLS BEFORE AND AFTER THE BAKKE DECISION

By

James Andrew Berlowe

The purpose of this dissertation was to determine whether changes in admissions policies at medical schools were implemented subsequent to the U.S. Supreme Court decision, Regents of University of California v. Bakke, 98 S.C. 2733, 1978. The central theme of the underrepresentation of minority students at medical schools is presented, analyzed, and discussed in light of published commentary and research.

Admissions policies were examined in 1976 and 1981-82 to determine if there had been any changes in admissions policies between the times before and after the Bakke decision. Nonpublic explicit policy and implicit policy are very difficult to research on a large-scale basis. However, the researcher found it possible to study the explicit public policies of seven medical schools prior to and subsequent to the Bakke decision. The researcher may conclude with regard to explicit public policy, seven

medical schools have not changed their admissions policies prior to and subsequent to the Bakke decision. With regard to explicit nonpublic policy and implicit policy, the researcher cannot conclude that there have been any changes prior to and subsquent to the Bakke decision.

DEDICATION

To my mother and father, Dr. and Mrs. M. L. Berlowe, who gave--and give so much.

To Midge Cross who gave her love and support during the final stages of the dissertation.

ACKNOWLEDGMENTS

The researcher has profited greatly from visions of Dr. Eldon Nonnamaker, Dr. Bruce Miller, Dr. Robert Floden, and Dr. Edward Duane. The advice of these gentlemen has been of great value.

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CHAPTER I

INTRODUCTION

Our nation was founded on the principle that "all men are created equal." Yet, candor requires acknowledgment that the Framers of our Constitution openly compromised a principle of equality with its antithesis: slavery.

The Fourteenth Amendment, the embodiment in the Constitution of our belief in human equality, has been the law of our land for more than half of its 200 years.

Little in the way of legislation and litigation followed until the advent of the Civil Rights Movement in the early 1960s. Since that time, there has been more litigation and legislation in the area of higher education.

Much of the litigation has dealt with cases concerning minorities. In two important cases, however, the courts have dealt with the matter of reverse discrimination. The first of these cases was DeFunis v. Odegaard, 416 U.S. 312 (1974) and the second was Regents of the University of California v. Bakke, 98 S. Ct. 2733 (1978).

In the case of DeFunis v. Odegaard, 416 U.S. 312 (1974), reverse discrimination in admissions to university programs was first brought to national attention with the

1974 U.S. Supreme Court ruling.[1] This case involved an action brought by a white male who had been denied admission into the University of Washington Law School, which had a special admission procedure for minority group students. The rejected applicant, DeFunis, brought suit claiming this constituted discrimination against him because he was a member of a non-minority group. The court finally ruled that the case was moot since the plaintiff was admitted under a special court order pending the final decision in the case and was ready for graduation by the time the decision was handed down.

In spite of the fact that the court avoided a direct ruling on the issue of reverse discrimination in the DeFunis case, an important dissenting opinion was written by Justice Douglas which clearly framed the issue.[2] He argued that the use of racial classifications for admissions programs violates the equal-protection clause and cannot be justified by affirmative action goals. Specifically, he asserted that the procedure of establishing one threshold score for white applicants and a lower threshold score for minority applicants is unconstitutional.

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[1] DeFunis v. Odegaard, 416 U.S. 312 (1974).

[2] A thorough analysis of Justice Douglas' response is provided by Fred M. Hechinger, "The Case Against Preferential Quotas: Justice Douglas' Dissent in the DeFunis Case," NOLPE School Law Review 4 (Fall 1974): 8-11.

Thus, in Justice Douglas' view, it is as unconstitutional to permit positive or preferential racial discrimination as it is to permit negative racial discrimination. Indeed, he advocated an admissions system that does not rely on test scores alone, but considers other criteria such as professional recommendations and an over-all evaluation of the educational experience of the applicant which would suggest potential success in the academic program in question.[3]

The second case, Regents of the University of California v. Bakke, 98 S. Ct. 2733 (1978) was a case in which the Supreme Court did reach a decision; however, this decision was a compromise decision.

In 1978 the Supreme Court decided its first case involving the question whether a benefit can be offered only to members of defined minority groups when the public institution conferring the benefit has no history of de jure segregative policies or other discrimination against members of those groups. In the widely publicized Bakke case the operative facts were that the campus of the University of California at Davis had set aside 16 of 100 seats in its entering medical school class specifically for "Blacks," "Chicanos," "Asians," and "American

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[3]DeFunis (1974), Dissenting Opinion of Mr. Justice William O. Douglas.

Indians."[4] There was a separate admissions program for these groups, characterized as "disadvantaged" one year (with no formal definition of the term) and as "minority groups" the rest. Bakke was a white applicant who, after he was not admitted on either occasion, sued under the equal protection clause of the Fourteenth Amendment on a claim of racial discrimination. The Supreme Court of California found the program to be unconstitutional because it considered race, and ordered Bakke admitted (after the University conceded it could not prove that Bakke would not have been admitted in the absence of the special program).

The Supreme Court of the United States held that the specific program was illegal and that Bakke must be admitted, but that consideration of race per se was not constitutionally forbidden in such a situation.[5] These conclusions were not supported as a single opinion of the Court. Four Justices found that Bakke was unlawfully excluded in violation of Title VI of the Civil Rights Act of 1964. Justice Powell, who cast the fifth vote for Bakke's admission, said that there also was a constitutional infirmity in the California plan--namely, the fact that

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[4] Regents of the University of California v. Bakke, 98 S. Ct. 2733 (1978).

[5] 438 U.S. at 356, 98 S. Ct. at 2782.

members of the specified minorities could compete for the whole 100 seats, whereas whites could only compete for only 84 seats. Justice Powell stated, however, that there was no consitutional provision for considering race or ethnic origin as one of a number of factors to be considered in an admissions program because a university's quest for a diverse student body can be considered of paramount importance in the fulfillment of its mission.[6] The first bloc of four Justices said nothing about "race as one factor," taking the position that the case did not call for a discussion of that matter because race was the only factor in selecting those for the 16 "minority seats."

In judging the constitutionality of affirmative action programs in colleges and universities, a distinction must be drawn between two basic methods. One method would involve setting a quota for a specific number of places for minority members and specific number for non-minority members. Alternatively, separate standards may be given preferential treatment for minority members without the use of a quota.[7]

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[6]98 S. Ct. at 2761.

[7]This was the basic argument in which the Supreme Court answered its decision in Regents of the University of California v. Bakke, 98 S. Ct. 2733 (1978).

The Bakke decision, by virtue of the fact that it was a compromise decision, left many institutions unclear about its ramifications.

Purpose of the Study

The purpose of this study is to determine whether professional schools in the area of medicine have changed their statements on admissions policies since the time of the Bakke decision, to determine what those changes have been, and the extent to which those changes conform to the intent of the Supreme Court decision.

Research Questions

In order to facilitate the development of the study, the researcher has formulated the following research questions:

1. From the Bakke decision, it may be implied that medical schools may no longer employ two or more track systems of admissions. The researcher will attempt to determine whether medical schools currently comply in this area.

2. From the Bakke decision, it may be implied that medical schools may no longer employ a quota system. The researcher will attempt to determine if this is the case.

3. In view of the Court's comments on the case, it would seem that the concept of social justice is not a valid argument for the admission of minority students, but rather the concept of educational diversity as a more valid reason for the admission of minorities. The researcher will examine the medical school admission materials to determine whether this is reflected in admissions policies.

Further, it is anticipated that there may be some differences in the medical schools with respect to public versus private, geographical locations, and prestige. The researcher will look at the admissions materials in terms of the above variables.

Need for the Study

A review of the literature to date has determined that no comprehensive study has been made which would indicate what changes have been made in statements on admissions policies by professional schools since the time of the Bakke decision.

While it cannot be assumed that there is a direct cause and effect relationship between the Bakke decision and revised policies on admissions, it is reasonable to believe that professional schools would analyze their admissions policies as a result of the decision. It is important to determine what changes, if any, have been

made to determine to what extent policies as currently stated conform to the implications of the Supreme Court decision.

Methodology

The researcher requested admissions materials form all 126 United States medical schools for 1976 which is two years prior to the Bakke decision and admissions materials for the current year 1980-81. The materials requested were as follows: catalogues from 1976 and 1980-81; admissions forms; policy statements on admissions and any other information which is sent to applicants. The researcher will analyze these materials. Finally, the researcher will determine whether the 1980-81 policies conform with the intent of the Supreme Court decision as previously analyzed.

The researcher recognizes it may be determined that some policies as stated in the catalogues in 1976 may have already conformed with the intent of the Supreme Court decision. Should this be the case, this will be reported in the study.

Format of the Study

The dissertation is organized into five chapters. The first chapter consists of an introduction, including the purpose and need for the study. The second chapter

consists of two parts: the first is an historical review of the Bakke decision and an analysis of the implications of that decision on admission policies, while the second is a review of the literature.

The third chapter will be an analysis of the present status of admissions policies at medical schools and the present status of minority representation. The fourth chapter will consist of an analysis of admissions policies in medical schools as determined by a review of medical school catalogues in 1976 and 1981-82, an analysis of correspondence with the medical schools and a review of related materials submitted to the researcher dealing with medical school admissions policy. The results of this analysis also appear in the fourth chapter.

Finally, the fifth chapter will consist of a summary of the above analysis, together with conclusions which can be made from the study and implications for further research.

The dissertation is a study of the relationship between the Bakke decision and medical school admissions policies before and after that case was decided by the United States Supreme Court.

Rationale for the Study

The rationale for the dissertation was to examine the United States Supreme Court decision and review three types of admissions policies that medical schools may have employed. The researcher realized early in the study that admissions decisions may or may not be shared by all members of an admissions committee and that policy may be unspoken or spoken only sub-rosa.

Since the Bakke decision, there is some reason to believe that admissions policies may have changed. Prior to the decision, medical schools did not have a quota system and since that was what the Bakke case said was unconstitutional, and that consideration of race was constitutional in other formats, nothing had to be changed.

The researcher recognized this point and determined what impact, if any, the Bakke decision has had on admissions policies of medical schools distinguishing three different kinds of policies. The researcher had to carefully examine the admissions process and the kinds of considerations that were used in making admissions decisions.

A final consideration for writing the dissertation was that in reviewing the United States Supreme Court decision, five members of the Supreme Court had declared

legal and constitutional, and none had declared illegal or unconstitutional the consideration of race in selecting students--undergraduate, graduate, or professional. This conflict was reflected in the decision which gave every appearance of a political compromise. It is important to note throughout Chapter II and the whole dissertation that the decision was narrowly drawn on the use of race in admissions.

CHAPTER II

REVIEW OF LITERATURE

Introduction

When the U.S. Supreme Court in 1978 finally dealt with reverse discrimination in the Regents of University of California v. Bakke, 98 S. Ct. 2733, 1978, it handed down a split decision. By a 5-4 vote, the Court ruled that state universities may not set aside a fixed quota of seats in each class for minority group members, denying white applicants the opportunity to compete for those places. At the same time, a different five-justice majority held that it is constitutionally permissible for admissions officers to consider race as one of the complex factors that determine which applicant is accepted and which is rejected.

This chapter consists of two parts: the first is the case analysis of the Regents of University of California v. Bakke, 98 S. Ct. 2733, in which a 5-4 decision was awarded to the plaintiff, Allan Bakke. The second consists of a review of related literature.

Glossary of Terms[1]

In conducting this study, the following terms have been used and are designed to assist the reader in better interpreting the Bakke decision and the language of the U.S. Supreme Court.

Amicus curiae: (plural: amici curiae). Latin for "friend of the court." An amicus curiae brief is one accepted by the court from a non-party to the case, but a party deemed to have a legitimate interest in the dispute, with a need to get its views before the court.

Benign race classification: Constitutional law doctrine, supported by many school desegregation and employment cases, holding that the Fourteenth Amendment allows race classifications when promotive of constructive and rational ends, especially in an effort to combat racism.

Certiorari, writ of: An order from a higher court to a lower court demanding to see the record in a given case for purposes of review. This is a discretionary means whereby the United States Supreme Court reviews decisions of lower courts, when there is deemed to be a significant federal or constitutional issue in dispute. (In most cases, certiorari is denied.)

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[1]Ivor Kraft, DeFunis v. Odeggard: Race, Merit, and the Fourteenth Amendment, uncommon lawyers workshop, Sacramento, California, 1976. Glossary of Terms, pp. 197-207.

Color-blind: The notion that the Constitution is or ought to be seen as being totally disinterested in race or ethnicity. As a matter of historical fact, however, the Constitution was argued about and drawn up with close and painstaking attention to race, and cannot be understood if one does not confront the role of racism and slavery in American culture.

Compelling state interest: Aspect of "equal protection" doctrine. When a law classified according to a "suspect criterion" (race, for example) it may be able to pass muster if it can be shown as essential in promoting a compelling need of government, and no other way of classifying is seen as being able to meet that important need.

Equal protection clause: The words stating that no state shall "deny to any person within its jurisdiction the equal protection of the laws" in the Fourteenth Amendment to the United States Constitution.

Prima facie: Evidence of some sort that is satisfactory enough or convincing enough at first impression to suggest that the case that one wants to make stands a good chance of actually being made. Thus, the case or action should be allowed to go forward--at least until a point is reached where subsequent evidence rebuts the "first impression" evidence.

Race per se. Constitutional law term. Refers to the controversial, and probably incorrect theory, that the Fourteenth Amendment automatically prohibits any race classifications, even when for ostensibly or actually benign purposes.

"Reverse discrimination": The view that preferential treatment for minorities in an effort to combat racism is a form of unfair (and by implication, illegal) discrimination against whites.

Strict scrutiny: Aspect of "equal protection" doctrine. When laws classify according to vital or crucial individual rights, they are said to require a rigorous and demanding level of scrutiny by reviewing courts, and they must be struck down if they fail to pass this strict standard.

Suspect criterion: Aspect of "equal protection" doctrine. When a law uses such classifications as race or nationality or religion, this is said to trigger the "strict scrutiny" test, the theory being that such suspect criteria (race, etc.) are particularly susceptible of being abused, misinterpreted, or unequally applied.

Two-tier test: Aspect of "equal protection" doctrine. The United States Supreme Court is said to apply a strict or searching test to those laws which use such classifications as race, alienage, religion, whereas

the Court uses a more permissive or deferential method of review when the classification involves other interests, said to be less crucial or potentially discriminatory, such as economic regulation. This two-tier test approach is thought by some to be a fiction in actual practice.

Regents of University of California v. Bakke, 98 S. Ct. 2733, 1978

The medical School of the University of California at Davis opened in 1968 with an entering class of 50 students. In 1971 the size of the entering class was increased to 100 students, a level at which it remains. The first class contained three Asians, but no blacks, no Mexican-Americans, and no American Indians. Over the next two years, the faculty devised a special admissions program.[2]

Under the regular admissions procedure, candidates whose overall undergraduate grade point level fell below 2.5 on a scale of 4.0 were summarily rejected. About one out of six applicants with grade point averages above 2.5 was invited for a personal interview and each candidate was rated on a scale of 1 to 100. The rating embraced the interviewer's summaries, the candidate's overall grade point average, grade point average in science courses and scores

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[2]William B. Lockhart, Yale Kamisar, and Jesse H. Choper, Constitutional Law, 5th ed. (St. Paul, Minn.: West Publishing Co., 1980), p. 1336.

on the Medical College Admissions Test (MCAT), letters of recommendation, extracurricular activities and other biographical data. The ratings were added together to arrive at each candidate's "benchmark" score. Since five committee members rated each candidate in 1973, a perfect score was 500; in 1974 six members rated each candidate so that a perfect score was 600. The full committee then reviewed the file and scores of each applicant and made offers of admission. The chairman was responsible for placing names on the waiting list. They were not placed in strict numerical order; instead, the chairman had discretion to include persons with "special skills."[3]

The special admissions program operated with a separate committee, a majority of whom were members of minority groups. On the 1973 application form, candidates were asked to indicate whether they wished to be considered as "economically and/or educationally disadvantaged" applicants; on the 1974 form the question was whether they wished to be considered as members of a "minority group," which the medical school apparently viewed as "Blacks," "Chicanos," "Asians," and "American Indians." No formal definition of "disadvantage" was ever produced, but the chairman of the special committee screened each application to see whether it reflected

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[3]Ibid., p. 1336.

economic or educational deprivation.[4] Having passed this initial hurdle, the applications then were rated by the special committee in a fashion similar to that used by the general admissions committee, except that special candidates did not have to meet the 2.5 grade point average cut-off applied to regular applicants. About one-fifth of the total number of special applicants were invited for interviews in 1973 and 1974 and the special committee assigned each special applicant a benchmark score. The special committee then presented its top choices to the general admissions committee. In 1973 and 1974 when the class size had doubled to 100, the prescribed number of special admissions also doubled, to 16.[5]

From the year of the increase in class size--1971--through 1974, the special program resulted in the admission of 21 Black students, 30 Mexican-Americans, and 12 Asians for a total of 63 minority students. Over the same period, the regular admissions program produced one black, six Mexican-Americans, and 37 Asians, for a total of 44 minority students. Although disadvantaged whites applied

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[4]The chairman normally checked to see if, among other things, the applicant had been granted a waiver of the school's application fee, which required a means test; whether the applicant had worked during college or interrupted his education to support himself or his family; and whether the applicant was a member of a minority group, Ibid., p. 1336.

[5]Ibid., p. 1337.

to the special program in large numbers, none received an offer of admissions through that process. Indeed, in 1974, at least, the special committee explicitly considered only "disadvantaged" special applicants who were members of one of the designated minority groups.[6]

Allan Bakke applied to the Davis Medical School in both 1973 and 1974. In 1973 despite a strong benchmark score of 468 out of 500, Bakke was rejected. In 1974 his faculty interviewer was Dr. Lowrey to whom he had written in protest of the special admissions program. Dr. Lowrey found Bakke "rather limited in his approach" to the problems of the medical profession and found disturbing Bakke's "very definite opinions which were based more on his personal viewpoints than upon a study of the total problem." Dr. Lowrey gave Bakke the lowest of his six ratings, an 86; his total was 549 out of 600. Again, Bakke's application was rejected. In neither year did the chairman of the admissions committee, Dr. Lowrey, exercise his discretion to place Bakke on the waiting list. In both years, applicants were admitted under the special program with grade point averages, MCAT scores,

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[6]Ibid., p. 1337.

and benchmark scores significantly lower than were Bakke's scores.[7]

There were 2,644 applicants for the 1973 entering class and 3,737 for the 1974 class. Only 100 places were available each year, of which 16 were filled under the special admissions program. Applicants for the remaining 84 places were chosen by recourse to the normal admissions process.[8]

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[7]The following table compares Bakke's science grade point average, overall grade point average, and MCAT Scores with the average scores of regular admittees and of special admittees in both 1973 and 1974:

Class Entering in 1973

			MCAT (Percentiles)			
	SGPA	OPGA	Verbal	Quantitative	Science	Gen Infor.
Bakke	3.44	3.51	96	94	97	72
Average of Regular Admittees	3.51	3.49	81	76	83	69
Average of Special Admittees	2.62	2.88	46	24	35	33
Class Entering in 1974						
Bakke	3.44	3.51	96	94	97	72
Average of Regular Admittees	3.36	3.29	69	67	82	72
Average of Special Admittees	2.42	2.62	34	30	37	18

Applicants admitted under the special program also had benchmark scores significantly lower than many students, including Bakke, rejected under the general admissions program, even though the special rating system apparently gave credit for overcoming "disadvantage." Ibid.

[8]The determination that students would be admitted under the special program was made by a resolution of the faculty of the medical school. Whether that figure was randomly selected, or has some rationale, is not revealed by the evidence. Bakke v. Regents of the University of California 553 P.2d., 1152.

At the heart of Bakke's complaint before the Supreme Court was his contention that he qualified for admission but that he was denied admission solely because he was a member of the Caucasion race. Bakke thus alleged that he had been denied "equal protection of the laws" under the Fourteenth Admendment, as the special admissions programs for minorities had applied separate preferential admissions standards resulting in less qualified persons being admitted.[9]

The trial court agreed to a point. It found that Bakke was entitled to have his application evaluated without regard to his race or the race of any other applicant but refused to order the University to admit him since the court determined that he would not have been selected even if there had been no special program for minorities. The result was plainly unsatisfactory to both plaintiff and defendant. Bakke was left with a hollow victory, and the University's special admission program was in serious jeopardy. Both sides in the dispute appealed--the University appealed the first part of the trial court's order while Bakke appealed the second part.[10]

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[9]Thompson Powers, Jane McGrew, "The Bakke Case. Its More Remarkable for What It Doesn't Do than for Anything it Does," Legal Times of Washington (Monday, July 31, 1978), p. 11.

[10]Ibid., p. 12.

Customarily, the case would have been heard on appeal in a state court of appeal, but as California Supreme Court Justice Stanley Mosk explained in the California Supreme Court decision: "We transferred the cause directly here, prior to a decision in the Court of Appeal, because of the importance of the issues involved."[11]

The subsequent California Supreme Court decision, although the Court treated the case as applicable only to education, seemed to be a sweeping and stunning setback for affirmative action in general, and preferential admissions procedures in professional schools, in particular. In a near unanimous decision, splitting only 6:1, perhaps the most prestigious state court in the country rejected the Davis Medical School procedure by affirming the lower court's finding that its special admission program was invalid. In striking down the special admissions program the Court stated:

> To uphold the University would call for the sacrifice of principle for the sake of dubious expediency and would represent a retreat in the struggle to assume that each man and woman shall be judged on the basis of individual merit alone, a struggle which has only lately achieved success in removing legal barriers to racial equality. The safest course, the one most consistent with the fundamental interests of all races and with the design of the constitution is to hold, as we do, that the special admission program is unconstitutional

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[11] Bakke v. Regents of the University of California, 553 P. 2d, 1152. Declaring that the University could not take race into account in making admissions decisions, the trial court held the challenged program in violation of the Fourteenth Amendment, the State Constituion, and Title VI of the Civil Rights Act of 1964.

> because it violates the rights guaranteed to the majority by the equal protection clause of the Fourteenth Amendment of the United States Constitution.[12]
>
> The Court also reversed the trial court's ruling that the burden of proof was upon the plaintiff to demonstrate that he would have been admitted to the 1973 or 1974 entering class in the absence of the invalid preferences. The Court's reasoning was the since Bakke had successfully demonstrated the University's unconstitutional discrimination against him that the burden of proof had then shifted to the University. However, the Court remanded this part of the case to the trial court to determine under the proper burden of proof whether Bakke would have been admitted absent the special admissions program.[13]

When the U.S. Supreme Court granted certiorari in their consideration of the California decision, Justice Powell joined four brethren--Chief Justice Burger and Justices Stevens, Stewart and Rehnquist--to declare the Davis Medical School's admissions program in violation of Title VI and the Fourteenth Amendment and to require Bakke's admission to school. Then Powell joined the other four justices--Brennan, White, Marshall and

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[12]Ibid., p. 1171.

[13]However, when the University later conceded that it could not meet the burden of proving that Bakke would have been rejected regardless of the special admissions program, the trial court entered an order directing his admission to the school. At this point, the U.S. Supreme Court, on application of the University, intervened by staying the order until a petition for certiorari could be filed.

Blackmun--to concede that race could be a proper factor to consider in admissions policies.[14]

Justice Powell began by pointing out that the interpretation of Title VI would be controlled as a constitutional issue:

> Examination of the voluminous legislative history of Title VI reveals a congressional intent to halt federal funding of entities that violate a prohibition of racial discrimination similar to that of the Constitution. . . . Thus, Title VI must be held to proscribe only those racial classifications that would violate the equal protection clause. . . .[15]

Next, Justice Powell provided a revealing clue as to the final outcome:

> The guarantees of the Fourteenth Amendment extend to persons. Its language is explicit: "No state shall . . . deny to any person within its jurisdiction the equal protection of the laws." . . . The guarantee of equal protection cannot mean one thing when applied to a person of another color. If both are not accorded the same protection, then it is not equal. . . . It is far too late to argue that the guarantee of equal protection to all persons permits the recognition of special wards entitled to a degree of protection greater than that accorded others.[16]

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[14]More precisely, the Court split into three groups: Stevens, Stewart, Rehnquist and Burger, who argued that the Davis special admissions program violated Title VI: Brennan, White, Marshall and Blackmun, who contended that the special admissions program was legitimate because race is a proper factor to consider; and finally Powell, who agreed with the first group that the admissions program was invalid and agreed with the second group on the point that race is a permissible factor under both Title VI and the Fourteenth Amendment.

[15]98 S. Ct. at 2745, 2748.

[16]Ibid., at 2748, 2751.

The University of California, however, claimed that Bakke's exclusion from medical school subjected him to no stamp of inferiority; that is, the classification was "benign" rather than "invidious" and therefore asserted that the program was constitutional. Nonetheless, Powell was disinclined to accept either the rational basis test or a middle standard of review simply because the classification lacked "individousness." Instead, he found the University rationale unsupportable and thus turned toward the "strict scrutiny" approach:

> Petitioner [The University of California] urges us to adopt for the first time a more lenient view of the equal protection clause and hold that discrimination against members of the white "majority" cannot be suspect if its purpose can be characterized as "benign." . . .[17]
>
> These individuals are likely to find little comfort in the notion that the deprivation they are asked to endure is merely the price of membership in the dominant majority and that its imposition is inspired by the supposedly benign purpose of aiding others.[18]
>
> Moreover, there are serious problems with the idea of preference itself. First, it may not always be clear that a so-called preference is in fact benign. . . . Second, preferential programs may only reinforce common stereotypes holding that certain groups are unable to achieve success without special protection based on a factor having no relationship to individual worth. . . . Third, there is a measure of inequity in forcing innocent persons in respondent's [Bakke's] position to bear the burdens of redressing grievances not of their making.[19]

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[17]Ibid., pp. 2750-2751.

[18]Ibid., p. 2751, footnote 34.

[19]Ibid., pp. 2752-2753.

Another defect in the special program was its similarity to historically suspect quota systems in "that white applicants could not compete for the 16 places reserved solely" for minorities.[20] "Whether this limitation is described as a quota or a goal, it is a line drawn on the basis of race and ethnic status."[21] Hence, Powell recognized serious, in fact fatal, constitutional questions in plans that used quota systems irrespective of qualifications.

> Nevertheless, [the University] argues that the [California Supreme Court] erred in applying strict scrutiny in the special admissions programs because white males, such as [Bakke], are not a "discrete and insular minority" requiring extraordinary protection from the majoritarian political process. . . . This rationale, however, has never been invoked as a prerequisite to subjecting racial or ethnic distinctions to strict scrutiny. Nor has this Court held that discreteness and insularity constitute necessary preconditions to a holding that a particular classification is invidious.[22]

Justice Powell, in fact, flatly refuted the position that only discrimination against minorities was suspect and therefore invidious, since any "denial to innocent persons of equal rights and opportunities may

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[20] Ibid., p. 2748, footnote 26.

[21] Ibid., at 2748.

[22] Thus, the University's position was that strict scrutiny should be applied only to those classifications designed to exclude, disadvantage, or stigmatize "discrete and insular minorities." Also, according to the dissent--Justices Brennan, White, Marshall and Blackmun--the notion of "stigma" is the crucial element in analyzing racial classifications. Ibid., p. 2785.

outrage those so deprived and therefore may be perceived as invidious."[23] Even though the motives behind a policy using racial criteria might be socially worthy, "racial and ethnic distinctions of any sort are inherently suspect and thus call for the most exacting judicial examination."[24] Therefore, Powell rejected the University's assertion that "benign" classifications should be distinguished because no absolute deprivation is imposed on the majority class, or because racial classifications might be used remedially.

> Disparate constitutional tolerance of such classifications well may serve to exacerbate racial and ethnic antagonisms rather than alleviate them. . . . Also, the mutability of a constitutional principle, based upon shifting political and social judgments, undermines the chances for consistent application of the Constitution for one generation to the next, a critical factor of its coherent interpretation. . . . Political judgments regarding the necessity for the particular classification may be weighed in the constitutional balance . . . but the standard of justification [strict scrutiny] will remain the same.[25]

Thus, "when a classification denies an individual opportunities or benefits enjoyed by others solely because of his race or ethnic background, it must be regarded as suspect," and strict scrutiny applies. The most difficult inquiry mandated by the strict scrutiny standard is that regarding a "compelling state interest."

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[23]Ibid., p. 2751, footnote 34.

[24]Ibid., p. 2749.

[25]Ibid., p. 2753.

At this point, however, Powell seemed to suggest a reduced or middle-tiered approach: "a State must show that its purpose of interest is substantial, and that its use of the classification is necessary to the accomplishment of its purpose or the safeguarding of its interests."[26] He also indicated that the two-track admissions program is impermissible in the absence of appropriate "judicial, legislative or administrative findings of constitutional or statutory violations,"[27] which, despite the problem of "shifting political and social judgements," opens the possibility for schools to turn to the political process (e.g., state legislatures or civil rights commissions) for the necessary findings and tailoring of remedies.[28]

Justice Powell found that the attainment of a diverse student body related to "academic freedom," which in turn was related to the guarantees of the first amendment.[29] Because this interest embodied a value of independent Constitutional importance, it would be considered compelling by the Justice under some circumstances. In graduate and professional schools, as well as undergraduate colleges, a faculty could attempt to insure that

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[26] Ibid., pp. 2756-2757.

[27] Ibid., p. 2758.

[28] Ibid., p. 2761.

[29] 98 S. Ct. at 2760-61 (Powell, J.).

students and teachers would be exposed to a wide variety of diverse social and political interests. The use of racial or ethnic classifications, whether described as "goals," quotas or something else, did not further this goal, however, because it set aside places in the class for persons solely on this basis, without regard to whether the acceptance or rejection of specific individuals on the basis of their race was promoting true diversity within the university.[30] Thus the Justice found that strict racial "track programs for admission," no matter how many special groups they might include, did not further a compelling interest. Instead, if a university wished to assert this "compelling interest" to justify its admissions program, it would have to establish an admissions procedure that would consider all facets of an applicant's background when that applicant was considered for admission on the basis of particular personal characteristics, or for the attainment of diversity in the student body. "An otherwise qualified medical student with a particular background--whether it be ethnic, geographic, culturally advantaged or disadvantaged--may bring to a professional school of medicine experiences, outlooks and ideas that enrich the training of its student

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[30]Ibid., p. 2761 (Powell, J.).

body and better equip its graduates to render with understanding their vital service to humanity.[31]

In order to explain the type of program which he found constitutional, Justice Powell described the Harvard College admissions program as it had been described in the brief of several amici curiae.[32] In the Harvard program the grades and test scores, as well as the personal background of each individual was evaluated by a committee. In such a program the applicant's race or ethnic background would be considered, as the person's age, achievements in non-scholastic areas, economic background, and other characteristics. In this way, the admissions committee would attempt to achieve a "mix" of a wide variety of people within the student body. Justice Powell is quoted in the Appendix to his opinion:

> The Admissions Committee, with only a few places left to fill, might find itself forced to choose between A, the child of a successful black physician in an academic community with promise of superior academic performance, and B, a black who grew up in an inner city ghetto of semi-literate parents whose academic achievement was lower, but who had demonstrated energy and leadership, as well as an apparently abiding interest in black power. If a good number of black students much

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[31] Ibid., p. 2761 (Powell, J.).

[32] Columbia University, Harvard University, Stanford University, and the University of Pennsylvania filed a brief with the Court as Amici Curiae. 98 S. Ct. at 2762, (Opinion of Powell, J., and Appendix to his Opinion).

> like A but few like B had already been admitted, the Committee might prefer B; and vice versa.[33]

Harvard's statement goes on to say that the Committee might decide to prefer C, an artistically talented white, over both the blacks.[34] Justice Powell found that such a procedure would be permissible even though it was race conscious and even though some candidates of equal ability would lose out on the "last" place in the class to persons who had received a "plus" because of their racial or ethnic background. However, the Justice found that this type of race consciousness in admissions procedures was permissible because the candidate who had been denied admission had not been denied a benefit solely on the basis of race; he had been considered for all of the places in the class and the decision was simply that "his combined qualifications, which may have included similar nonobjective factors, did not outweigh those of the other applicant."[35]

Justice Powell did not limit consideration of these personal factors only to granting a "plus" because an individual was a member of a racial or disadvantaged minority, rather than on educationally advantaged member of a racial majority. Powell's statement regarding

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[33] 98 S. Ct. at 2766 (Powell, J.).

[34] Ibid.

[35] 98 S. Ct. at 2763 (Powell, J.).

"cultural advantage or disadvantage," and his statement that "the weight attributed to a particular quality may vary from year to year depending upon the 'mix' both of the student body and the applicants for the incoming class,"[36] makes it appear that Justice Powell would allow a university to give a "plus" to economically advantaged white students over minorities once it had a sufficient "mix" of minority members. Powell found that there would be no "facial infirmity" in such programs and that the Court, in his own opinion, would not allow such an admissions program to be challenged on the basis of its disparate impact on persons of similar races because "good faith would be presumed" in the absence of a showing of a discriminatory purpose.[37]

The only portion of Justice Powell's opinion concerning the legality or constitutionality of racial classifications that received five votes was the following paragraph:

> In enjoining petitioner from ever considering the race of any applicant, however, the courts below failed to recognize that the State has a substantial interest that legitimately may be served by a properly devised admissions program involving the competitive consideration of race and ethnic origin. For this reason, so much of the California court's judgment as enjoins petitioner from any consideration of the race of any applicant must be reversed.[38]

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[36] Ibid.

[37] Ibid.

[38] 98 S. Ct. at 2764 (Powell, J.).

Justice Brennan, White, Marshall and Blackmun voted to uphold the Davis program under both Title VI and the equal protection clause. They joined Justice Powell to form a majority in holding that some affirmative action programs are both constitutional and legal under Title VI, but they differed from Justice Powell in that they would have found the Davis program, or ones employing similar racial goals or preferences, met the relevant constitutional and statutory standards. These four justices joined in an opinion written by Justice Brennan, although each of the other three justices added additional comments in separate concurring opinions.[39]

Justice Brennan recognized that racial classifications advancing interests of racial minorities might disadvantage white persons because of their race. But the Brennan plurality believed that there was no justification for judicial protection of members of the white majority with a test so strict that it would bar virtually all such remedial programs.[40]

Justice Brennan went on to explain that classifications which burden white persons incident to such

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[39] 98 S. Ct. at 2766 (Brennan, Marshall, White and Blackmun, J.J., concurring in the judgment in part and dissenting in part).

[40] 98 S. Ct. at 2785 (quoting from Gunther, "In Search of Evolving Doctrine on a Changing Court: A Model for a Newer Equal Protection," 86 Harvard Law Review 1, 8 (1972).

programs should not be tested under the "very loose rational basis standard of review that is the very least that is always applied "when reviewing equal protection claims."[41]

In reviewing the constitutionality of the Davis special admissions program, Justice Brennan first examined whether Davis had demonstrated an articulated purpose for the program that was of sufficient importance to justify racial classification. Justice Brennan found that the attempt to remedy past societal discrimination was sufficient to justify the use of race-conscious admissions programs, at least when there was a reasonable basis for concluding that minority underrepresentation in such programs would be both substantial and related to past racial discrimination.[42] He then found that there was more than a reasonable basis for the conclusion that past racial discrimination, including continuing effects of the "separate but equal" doctrine, had disadvantaged members of racial minorities to the extent that they were chronically under-represented in medical schools and the medical profession. The Brennan opinion also noted that the Davis program "does not simply equate minority status with disadvantaged."[43]

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[41]98 S. Ct. 2783 (Brennan, Marshall, White and Blackmun, J.J., concurring in part and dissenting in part).

[42]98 S. Ct. at 2785, 2789.

[43]98 S. Ct. at 2792-93.

In the final portion of his opinion, Justice Brennan stated that there were no requirements that government agencies or universities use only the "positive factor" approach employed in the Harvard College program described by Justice Powell. While the Harvard program would be a legitimate one, absent proof of intentional discrimination against members of a racial minority, it was not constitutionally required.[44] The Davis "quota" or "goal" system was acceptable because it was a reasonable means of remedying chronic under-represenation in the medical profession of members of racial minorities that historically had been discriminated against in society. For that reason, these four justices voted to uphold the Davis program under both the Fourteenth Amendment and Title VI.[45]

Justice Stevens wrote an opinion joined by Chief Justice Burger and Justices Stewart and Rehnquist.[46] These four justices found it unnecessary to address the constitutional issue in Bakke because both Davis's special admissions program and the exclusion of Allan Bakke from medical

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[44] 98 S. Ct. at 2767 n.1. Indeed, the Brennan plurality found no significant difference between Harvard's plan and that of Davis.

[45] Ibid.

[46] 98 S.Ct. 2809-15 (Stevens, Stewart, Rehnquist, J.J. and Burger, C.J.), concurring in part and dissenting in part).

school violated Title VI. Justice Stevens first noted that the case was an individual's suit, not a class action, and found the distinction significant because the trial court's order and the California Supreme Court's reversal thereof could be read narrowly. Justice Stevens argued that the California Supreme Court had ordered the individual plaintiff admitted to medical school, and not ordered all state agencies or all schools to stop considering race when processing applications for educational or other benefits. These justices believed that Title VI itself precluded any race-conscious admissions program; therefore, for this plurality, the Title VI ground for affirming the California Supreme Court's decision obviated any need to reach the constitutional issues. "It is . . . perfectly clear that the question whether race can ever be used as a factor in an admissions decision is not an issue in this case, and that discussion of that issue is inappropriate.[47]

Justice Stevens concluded that Section 601 of the Civil Rights Act of 1964 required complete racial neutrality, or "colorblindness," by all administrators of programs accepting federal funds. He found that the "plain language of the statute" required this result absent clear legislative history indicating an intent to give the words

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[47] 98 S. Ct. at 2810 (Stevens, J.).

a meaning other than their normal ordinary reading.[48]

Finally, these justices stated that the Court should hold that Title VI created a cause of action so that private persons could seek a judicial remedy for injuries caused them by violation of the Act, although they did not approve the allowance of private suits to terminate federal funding of such programs.[49] Thus, five justices voted to require the Davis Medical School to admit Bakke, but there was no majority opinion as to why he should have been admitted.

Review of Related Literature

Kent Greenawalt's analysis of the Bakke case examines how legal evaluation in the constitutional content differs from straight-forward ethical evaluation and how ethical concerns intertwine with legal ones and influence judicial decisions.[50]

In the Bakke case, the job of the Supreme Court was not to decide whether reverse discrimination is, on

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[48] 98 S. Ct. at 2811 (Stevens, J.).

[49] 98 S. Ct. at 2814, 15.

[50] R. Kent Greenawalt, Discrimination and Reverse Discrimination Essay and Materials in Law and Philosophy, Commission on Undergraduate Education in Law and the Humanities, American Bar Association, 1979, p. 86.

balance, ethically desirable. It was to determine whether the specific program employed by the medical school at Davis, the setting aside of sixteen places in an entering class of 100 for disadvantaged minority students who were selected by a separate admission process, violated either a federal statute barring discrimination in institutions receiving federal grants or violated the equal protection clause of the Fourteenth Amendment.[51]

It is sometimes said that race and other similar classifications are "suspect," and therefore warrant strict scrutiny, because they are based on immutable characteristics; and it is undoubtedly relevant that no one can freely change his race. But a classification in terms of intelligence or height is also based on immutable characteristic, or at least a characteristic not easily altered.[52] The point must be that race is not immutable, but also is perceived as being irrelevant to one's capacities, opportunities and deserts as a human being.[53] Thus a legislative classification in those terms requires very careful review.

Allan Sindler presents a political dimension, in which Powell's diversity theme had obvious attractiveness

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[51] Ibid., p. 87.

[52] Ibid., p. 95.

[53] Ibid., p. 95.

as a comprehensive view containing "bottom line" results that had something for everyone.[54] Quotas were banned and Bakke was admitted, but schools could still secure significant levels of minority enrollment under the banner of student diversity.[55]

The diversity thesis would enable some to argue--as Powell did--that being an inner-city black represented a "plus" in no way different from the "plus" that might be assigned the farm boy from Kansas or the trombonist from anywhere. At the least, an emphasis on student diversity, together with use of the form of a Harvard-type admissions program, would tend to mask, rather than isolate and spotlight, the special treatment of race.[56]

Sindler explains that the theme of diversity as a "solution" had its own large complement of liabilities and dangers.[57]

Eastland and Bennett recognize that only ten or twelve institutions run special admission policies like Davis's, however, these commentators might well have "muted their applause and heightened their anxieties."[58] The two

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[54]Allan P. Sindler, Bakke, DeFunis, and Minority Admissions, The Quest for Equal Opportunity, Longman Corporation, New York, 1978, p. 314.

[55]Ibid.

[56]Ibid., p. 315.

[57]Ibid., p. 316.

[58]Terry Eastland, William Bennett, Counting By Race: Equality from the Founding Fathers to Bakke and Weber (New York: Basic Books, Inc., 1979), p. 194.

decisions in Bakke did not promise to have equivalent impact.[59] Eastland and Bennett conclude that the United States Supreme Court paid some attention to the idea of moral equality, but in the end it wound up honoring the idea of moral equality. In invalidating quotas but allowing counting by race, the Court made a distinction without a numerical difference.[60]

J. Harvie Wilkinson III acknowledges the problem that what made Bakke so difficult was the absence of any prior discrimination on the part of the Davis Medical School for which affirmative action might compensate. Thus confusion developed over just what the Davis program was meant to redress.[61] Wilkinson III concludes that after Bakke, numerical guideposts are likely to be subtle, so tacit, so internalized and unwritten as to defy judicial discernment. And the line between prior numerical reliance and the "individualized, case by case" review urged by Justice Powell, is so fine as to make furure litigation a certainty.[62]

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[59] Ibid.

[60] Ibid., p. 195.

[61] J. Harvie Wilkinson III, From Brown to Bakke, The Supreme Court And School Integration: 1954-1978 (New York: Oxford University Press, Inc., 1979), p. 275.

[62] Ibid., p. 278.

Ronald Dworkin presents a poignant analysis.[63] Affirmative action in higher education uses racially explicit criteria because their goal is to increase the number of members of certain races in graduate programs. The purposes rest on two judgments.[64] The first is a judgment of social theory: that America will continue to be pervaded by racial decisions as long as the most lucrative, satisfying, and important careers remain mainly the prerogative of members of the white race, while others feel themselves systematically excluded from a professional and social elite. The second is a calculation of strategy: that increasing the number of blacks who are at work in the professions will, in the long run, reduce the sense of frustration and injustice and racial self-consciousness in the black community to the point of which blacks may begin to think of themselves as individuals who can succeed like others through talent and initiative. At that future point the consequences of nonracial admission programs, whatever these consequences might be, could be accepted with no sense of racial barriers or injustice.[65]

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[63]Ronald Dworkin, "Why Bakke Has No Case," The New York Review of Books 24 (November 18, Number 10, 1977), p. 11.

[64]Ibid.

[65]Ibid., p. 12.

Dworkin concludes that given the current makeup and outlook of the U.S. Supreme Court, and the nature of the case before the Justices, it was almost inevitable that the Court's decision in Bakke would be a narrow one.[66]

Cohen noted that the essence of the Bakke case was preference by race and that the official favoritism by race or national origin is "poison" to American society.[67]

The effects of Bakke on selective admissions is presented by Howe. It is noted that the Supreme Court's Bakke decision does not require affirmative action in admissions--it merely allows it. The Court's support for the use of race as a permissible criterion in university admissions is no guarantee to minority persons that they will receive special considerations in competition with whites.[68]

Astin suggests that the roles and options open in the continuing effort to increase minority participation in higher education and the professions are of paramount importance. Actions of colleges and universities in admissions are addressed, along with the efforts of state

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[66]Ibid.

[67]Carl Cohen, "Who Are Equals," Phi Kappa Phi Journal 58 (1978): 10-14.

[68]Harold Howe II, "The Effects of Bakke on Selective Admissions," Change 10 (September 1978): 13, 61.

and federal government programs, professional associations, and educational researchers.[69]

McCormack presents an analysis of the Bakke decision and the several opinions of the Supreme Court Justices. The principle issue presented by this case is whether a higher education institution using a selective admissions program may adjust that program by giving explicit preference to qualified members of identified racial or ethnic groups who would otherwise be denied admission. The circumstances are outlined in the application and rejection of Allan Bakke to the Medical School of the University of California at Davis. Implications of the decisions that are discussed concern Title VI coverage; discretion in constructing admissions plans. A basic conclusion to be drawn from this report is that the Supreme Court has recognized the authority of institutions of higher education to continue under certain circumstances their affirmative action programs.[70]

Perhaps the most complete analysis of the Regents of University of California v. Bakke, 98 S. Ct 2733, is

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[69]Alexander W. Astin, "Looking Beyond Bakke," New Directions for Higher Education 6 (1978): 95.

[70]Wayne McCormack, "The Bakke Decision: Implications for Higher Education Admissions," a report of the ACE-AALS Committee on Bakke (U.S. District of Columbia, 1978), p. 42.

presented by Lockhart, Kamisar and Choper. The authors point out that universities have adopted preferential admissions policies without legislative sanction. Thus the precise issue is not whether such policies are valid when adopted by a broadly representative, politically responsible legislature, but whether they are valid when adopted by a university and whether in determining the validity of state action that trenches upon constitutional values, the courts ought to consider whether the judgment under review is that of legislative or of an agency that is less representative of the public and lacking direct political responsibility.[71]

Summary

The Bakke decision was merely a compromise. This decision perpetuates the distinction in law that has created a distinction of constitutional dignity between goals and quotas.

Justice Powell's constitutional decision amounts to two opinions, not one. In operational terms, the two opinions yield these instructions: (1) No applicant can be excluded from consideration for any place in the entering class on account of race. The use of a quota to ensure admissions of at least a minimum number of minority

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[71]William B. Lockhart, Yale Kamisar, and Jesse H. Choper, Constitutional Law, 5th ed. (St. Paul, Minn.: West Publishing Co., 1980), p. 1363.

applicants is thus, impermissible; (2) The school can take race into account as one factor in the admissions decision, so long as it does so for the purpose of securing a diverse student body. The admissions process can be race-conscious, but not too much.

The California Supreme Court gave the University an opportunity to demonstrate that Bakke would not have been selected, even in the absence of a minority set-aside, but the University did not even attempt to do so. Accordingly, the Court had no choice but to order Bakke's admission. In the United States Supreme Court, Justice Powell took the position that Bakke's injury was not the failure to be admitted, but the exclusion from competition.

In the followng chapter, the researcher will examine the present status of admissions policies at medical schools and the status of minority representation in those medical schools. Such an examination is important to a better understanding of the relationship of the Bakke decision and its relationship to medical school admissions policies.

TABLE 2.1.--Disposition of Various Justices in the Bakke Decision

	Justices Brennan, White, Marshall, Blackmum	Justice Powell	Justice Stevens with Chief Justice Burger; Justices Stewart and Rehnquist	Totals
Meaning of Section 601 of Civil Rights Act	Bars only unconstitutional discrimination	Bars only unconstitutional discrimination	Bars racial preferences	5-bars only unconstitutional discrimination 5-bars racial preferences
Constitutionally Sufficient Reasons, If Any, For Racial Preference	Permissible to redress disadvantages caused by societal discrimination; did not discuss other possibilities	Only academic diversity a proper reason for considering race	Did Not Discuss	4-can redress disadvantage caused by discrimination 1-can give preference only for diversity
Acceptability of Davis rigid quotas	Constitutionally Acceptable and permitted by Statute	Not constitutionally acceptable	Not acceptable under statute	5-rigid quota not acceptable 4-rigid quota acceptable
Acceptability of taking race into account in admissions on more flexible basis	Acceptable	Acceptable to promote diversity	Not acceptable under statute	5-flexible regard for race acceptable 4-race not a proper criterion for admissions

Source: R. Kent Greenawalt, "Discrimination and Reverse Discrimination: Essay and Materials in Law and Philosophy," Commission on Undergraduate Education in Law and the Humanities (1979): 88.

CHAPTER III

PRESENT STATUS OF ADMISSIONS POLICIES AT MEDICAL SCHOOLS: STATUS OF MINORITY REPRESENTATION

Introduction

The relevance of this chapter is best understood by the different sources or levels of admissions policy.

Three kinds of policy can be identified. One is explicit public policy of the institution. It is explicit in the same sense that it is formulated by some policy making process and adopted as policy of the institution. It is public in the sense that the institution prints it in its catalog or other similar document. This means that anyone can find the policy of the institution and take action with regard to it, e.g., decide to apply or not to apply, or decide to challenge this explicit policy if they have been denied admission, as Mr. Bakke did.

The second source of policy is explicit but non-public. Again, it is formulated by some responsible member or committee of the institution, but it is not publically stated. This policy might be something agreed to by an admissions committee, e.g., that they will seek

a 20 percent proportion of blacks in an entering class, but will not be stated in a way which makes it possible for those outside the committee or institution to know what the policy is.

A third sort of policy is policy that is implicit and hence not public. By implicit policy, one means policy that might be identified by examining the results of the admissions decisions made by an admissions committee. Suppose that for a given medical school there is a 30 percent proportion of blacks who apply to the school, but only 1 percent of the entering class is black. That tells one about the implicit policy of the school, despite what the explicit policy is. Implicit policy is often shaped by the concerns of individuals who make up the body making decisions. If there were a black physician on an admissions committee who believed that minority applicants should be given preferential treatment, his input to the committee's decisions would result in a larger number of blacks being admitted to the school. Often members of a committee are aware of the concerns of other members of the committee and are willing to allow them to influence the decisions in a given direction.

In order to determine what impact, if any, the Bakke decision has had on admissions policies of medical

schools, one needs to distinguish the three different kinds of policy. This means that one needs to carefully examine the admissions process and the kinds of considerations that are used in making admissions decisions. This is what gives the rationale for the literature review of admissions procedure in the first part of Chapter III.

Present Status of Admissions Policies at Medical Schools

The medical profession needs individuals from diverse educational backgrounds who will bring to the profession a variety of talents and interests. Educational philosophies and goals, systems of training, and specific premedical course requirements and other qualifications for admission vary among the nation's medical schools. All, however, recognize the desirability of a broad education--a strong foundation in the natural sciences (biology, chemistry, mathematics, and physics), highly developed communication skills, and a solid background in the social sciences and humanities as shown in Table 3.1.[1]

Principles and vocabularies of the sciences basic to medicine must be understood by first-year medical students. A thorough understanding of modern concepts in

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[1]AAMC Staff for Medical School Admission Requirements 1982-83, p. 7.

TABLE 3.1.--Subjects required by 10 or more U.S. medical schools for 1982-83 entering class[a]

Required Subjects	No. of Schools (N = 126)[b]
Organic chemistry	122
Physics	120
Biology (unspecified)	111
Inorganic chemistry	89
English	85
Chemistry (unspecified)	26
College mathematics	26
Calculus	23
Humanities (unspecified)	14
Behavioral science (unspecified)	11
General biology	11
College algebra	10
Social science (unspecified)	10

[a]Figures based on data provided fall 1980.

[b]Three of the 126 medical schools (Arkansas, Illinois, and Missouri-Kansas City) did not indicate specific course requirements and are not included in the tabulations.

biology, chemistry, and physics is necessary since the study and practice of medicine are based on these disciplines. Candidates for medical school must study in these areas in order to (1) confirm their interest in a capacity for proceeding further in these fields, (2) enable medical schools to estimate their achievement and potential in these areas, and (3) meet the requirements of state laws governing physician licensure.[2]

As medical schools respond to national social issues and problems in health care delivery, an effort is being made to select individuals whose personal and career goals are compatible with the needs of society. Major curriculum revisions at some institutions are designed to encourage students to pursue (1) careers in primary care medicine and (2) careers in underserved geographical areas. Schools are also attempting to broaden the socioeconomic diversity of entering medical school classes and to expand educational opportunities for men and women who are members of racial/ethnic groups that have been underrepresented in medicine.[3]

College grades are perhaps the most important single predictor of medical school performance, although medical schools do recognize that grading policies may

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[2]Ibid.

[3]Ibid., p. 7.

differ from one college to another or even within departments of the same institution. As shown in Table 3.2, most first-year medical students from 1975-76 to

TABLE 3.2.--Undergraduate grades of first-year U.S. medical students 1976-76 through 1979-80

First-Year Class	Percentage of Medical Students with Premedical Grade Averages of:[a]		
	A 3.5-4.0	B 2.6-3.5	C Below 2.6
1975-76	44.2	47.4	2.4
1976-77	46.0	47.3	2.7
1977-78	50.4	43.0	1.6
1978-79	49.6	46.9	1.7
1979-80	49.2	47.2	1.8

Source: American Medical Association.

[a]Grades not reported account for the remaining percentage of students (less than 7 percent of each of the above classes).

1979-80 had achieved undergraduate averages of A or B.[4] In 1979-80 only 1.8 percent of the first-year students for whom undergraduate grades are known (98 percent) had averages of C (below 2.6). The mean premedical grade-point average (GPA) of first-year entrants during the 1970s was approximately 3.5 or a high B+. The C students

[4]Ibid., p. 10.

admitted in recent years were usually individuals who either achieved strikingly improved performances in their premedical studies after modest beginnings in their early years of college or demonstrated other characteristics deemed desirable for medicine by the various medical school admission committees.[5]

There is a universal feeling that medicine demands superior personal attributes of its students and practitioners. Integrity and responsibility assume major importance in the research laboratory and in the classroom, as well as in relationships with patients and colleagues. Medical schools also look for evidence of such other traits as leadership, social maturity, purpose, motivation, initiative, curiosity, common sense, perseverance, and breadth of interests.[6]

Because of the demanding nature of both the training for and the practice of medicine, motivation is perhaps the most salient nonintellectual trait sought by most admission committees. It is assumed that a qualified applicant to medical school will have not only a general understanding of the profession, but also a demonstrated interest in the knowledge of what medicine is about.[7]

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[5]Ibid.

[6]Ibid.

[7]Ibid., p. 10.

Poorman described the admissions interview as one of the most widely used techniques that medical schools have to evaluate nonintellectual characteristics of applicants.[8] Gough stated that it is one of the two most frequently used methods for evaluating nonintellectual characteristics of medical school applicants.[9] Char and colleagues described the interview as one of the three parameters for selection, putting it on a par with the grade-point average and the Medical College Admissions Test (MCAT).[10] Peck and colleagues indicated that information gained from the interview is "without question" critical to a comprehensive evaluation.[11]

According to data obtained from Medical School Admission Requirements, 1981-82, 99 percent of all medical schools use the interview in the selection process. This widespread use further supports the idea that medical

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[8]D. H. Poorman, "Medical School Applicants," Journal of Kansas Medical Society 76 (1975): 298-330.

[9]H. G. Gough, "Nonintellectual Factors in the Selection and Evaluation of Medical Schools," Journal of Medical Education 42 (1977): 642-650.

[10]W. F. Char et al., "Interviewing, Motivation, and Clinical Judgment," Journal of Medical Evaluation 50 (1975): 192-194.

[11]O. C. Peck, M. J. Krowka, and J. R. May, "Feedback from Admission Committees to Applicant Interviewers," Journal of Medical Education 53 (1978): 680-681.

school admission committees rely on the interview to help select students.[12]

Despite this reliance, according to Fruen, there has been surprisingly little research on the interview in the medical school admissions setting.[13] Fruen found only eight articles in the Journal of Medical Education during the last 10 years that concentrated on the subject of medical student admission interviews. No comprehensive description of the interview process in U.S. medical schools was found in the literature search, although the study by Char did provide descriptive information as a part of a total study on admissions.[14] Medical School Admission Requirements contain a statement on the interview and its role in the selection process from a general viewpoint. Research using the National Library of Medicine's Medline (1978-1980) and the Education Resources Information Center (1975-1980) revealed no articles on medical school admissions interviews that provided descriptive information on the interview process. The author found one book on medical

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[12]Medical School Admission Requirements, 1981-82 (Washington, D.C.: Association of American Medical Colleges, 1980.

[13]M. A. Fruen, "Medical School Admissions Interview: Pro and Con," Journal of Medical Education 55 (1980): 630.

[14]Char et al., "Interviewing, Motivation, and Clinical Judgment," p. 193.

school admissions interviewing containing descriptive information on the entire admissions process that included the interview, but it was limited primarily to case studies at one institution.[15]

He collected data through a questionnaire to obtain descriptive information on the medical school admissions interview. Using frequency-count, the authors tabulated the raw data and converted it to percentages for comparison purposes.[16]

The population for the study consisted of all 123 U.S. medical schools in the United States listed in the Medical School Admission Requirements, 1981-82. The questionnaire was mailed to the individuals listed in the roster of the Association of American Medical Colleges' Group on Student Affairs who were designated as being in charge of Admissions. Responses totaled 107, or 87 percent.[17]

Statistical tests of significance differences were not appropriate for the study, since the entire

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[15]M. R. Lerner, Medical School: The Interview and the Applicant (Woodbury, N.Y.: Barron's, 1977).

[16]James B. Puryear and Lloyd A. Lewis, "Description of the Interview Process in Selecting Students for Admission to U.S. Medical Schools," Journal of Medical Education 56 (1981): 882.

[17]Ibid.

population received a copy of the instrument, rather than a random sample.[18]

Of the respondents, 99 percent (106 of 107) indicated that they used the interview in student selection. On a four-point scale, ranging from very important to unimportant, an overwhelming majority (98 percent) of the respondents who used the interview indicated that the interview was important to some degree. Also, 72 percent said it was "very important" and 26 percent said it was "important." The only school responding which said the interview was "unimportant" was the school which did not interview. Two schools waived the interview requirements for some students whom they deemed acceptable without interviews.[19]

Eight schools (8 percent) which were interviewed indicated that they used a selection index for admission processing, with the interview having a specific percentage weight. The average weight of the interview in the selection process for these eight schools was 31 percent, with the range being from 16 percent to 60 percent. It is assumed that the remaining 92 percent (98) of the schools which interview incorporated the interview data into their decision-making process in a subjective manner.[20]

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[18] Ibid.

[19] Ibid.

[20] Ibid.

Respondents were asked to rank (on a scale of first to fourth) the grade-point average, Medical College Admission Test (MCAT) scores, references, and interviews as to order of importance in the selection of applicants. The results are in Table 3.3.

TABLE 3.3.--Ranking[a] by 107 medical schools of the importance of selection factors in the student admission process

Factors	First	Second	Third	Fourth
GPA	66	23	5	2
MCAT Scores	36	34	16	10
References	27	25	26	18
Interviews	58	18	14	5

[a]The total of each level does not equal the total respondents since some schools gave the same rating more than once in case of equal rank. Eleven schools which interview did not rank the selection factors.

Source: James B. Puryear and Lloyd A. Lewis, "Description of the Interview Process in Selecting Students for Admission to U.S. Medical Schools," Journal of Medical Education 56 (1981): 882.

It seems obvious that the interview component "clusters" in a rank of primary importance along with grade-point average in the selection criteria. MCAT scores and references appear to be of secondary importance.[21]

[21]Ibid.

When categories were combined by adding first and second ratings, grade-point average leads with 89, interviews follow with 76, the MCAT is third with 70, and references are fourth with 52. This view indicates that interviews "cluster" in a rank of secondary importance with the MCAT, but are still ahead of MCAT scores in importance.[22]

Obviously, most medical schools consider the interview important in the selection of students. This is made evident (a) by their responses in this survey, (b) by the fact that almost all schools use the interview in their selection process, and (c) by the fact that a considerable amount of faculty and staff time is used in arranging for interviews and participating in the interviews themselves. However, medical schools have apparently not, for the most part, established the effectiveness of their own interviews. Perhaps they rely on the research of others to establish the validity of the interview process. He, however, found the literature on the validity of interviews as a selection tool to be inconclusive.[23]

The foregoing review of admissions procedures shows that the process is so multi-faceted that there is

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[22]Ibid.

[23]Ibid., p. 885.

ample opportunity for nonpublic, explicit policy to be formulated which augments, or even runs contrary to explicit public policy. And there is ample opportunity for implicit policy to augment, or run counter to any explicit policy. The interviewing process and use of letters of reference allow admissions committees to make decisions on what some people would regard as subjective criteria, as opposed to scores on standardized tests and grade point averages.

Minority Representation in Medical Schools

Black Americans, American Indians, Mexican Americans, mainland Puerto Ricans, and individuals from low-income families are the predominant minority groups not adequately represented in medical care, teaching, and research. Medical schools are committed to increasing educational opportunities for these groups. Through the medical schools' recruitment activities and summer programs, qualified, motivated, and dedicated underrepresented minority students are being encouraged to pursue careers in medicine. However, recruitment and admission of minority students are only two aspects of the expansion of opportunities for minorities in medicine. Once matriculated, minority students may be assisted by the academic and personal support systems that the medical schools provide. These support systems promote the

successful completion of medical studies by minority students and thereby help achieve the ultimate goal: increasing the number of minority physicians available to enter careers in patient care, teaching, and research.[24]

Over the past decade, first-year and total enrollment of underrepresented minority students have increased substantially. From 1970-1971 to 1980-81, first-year minority enrollment increased by 92 percent from 808 to 1,548 respectively. Minority enrollment in all years increased by 200 percent from 1,723 in 1970-71 to 5,209 in 1980-81. Proportionally, however, in 1980-81 minority students represented 9.0 percent of the first-year class and 8.0 percent of all students. These percentages are slightly lower than those recorded in 1974 (10.0 percent for first-year and 8.1 percent for total), when minority student enrollment peaked as a percentage of all students. Of particular interest is the continuing increase in the proportion of minority women enrolled in medical school. In the 1980-81 academic year, approximately 40 percent of minority students enrolled were female as compared with 20 percent in 1971-72.[26]

Table B.1 shows the number of Black American, American Indian, Mexican American, and mainland Puerto

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[24]AAMC Staff for Medical School Admission Requirements, 1982-83, p. 46.

[25]Ibid.

Rican students in all classes and in the first year class at each medical school (see Appendix B).

Today minority groups are confronting some very difficult problems and issues. The movement that once supported programs to increase opportunities for minority groups in higher education has generated a backlash. Fortunately, this backlash has been impeded by the recent Supreme Court decision in the Bakke case, in which a majority of the court held that race could be one of the factors used in the selection of students. Furthermore, the decision removed a cloud of uncertainty which has hung over affirmative action programs since the DeFunis case in 1971. Medical schools now can continue expanding their efforts to increase the participation of minority students.[26]

Too often in the past there has been a closed system that did not reach all levels of the population. Thus, a good finishing school, an Ivy League college, and good performance in entrance exams were automatic bonuses in a student's chances of entering the field of medicine. Conversely, a student coming from a (poor) district who with the same level of native intelligence went to a community college and afterwards a state university would not be highly favored. The reality is that

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[26]J. A. D. Cooper, "The Bakke Decision," Journal of Medical Education 53 (1978): 776-777.

all classes of people pay taxes which provide federal support to medical universities and colleges throughout the land. Not to provide opportunities to the poor and to minorities is to perpetuate an injustice and an educational system where the poor subsidize the rich. This is intollerable, and medical educators and administrators need to exert clear and positive leadership.[27]

This leadership needs also to confront the immediate problems of the inadequate increase in minority students enrolled in medical school. In the early 1970s, when the government encouraged medical schools to expand their classes, federal efforts urged the recruitment of more students from minority and disadvantaged groups. During 1970-77, 18 new medical schools were developed in this country. These new medical schools, as well as the growth in class size of existing medical schools, created 4,788 new medical slots. Data show that Black Americans, American Indians, Mexican Americans, and Puerto Ricans received only 949 (20 percent) of these new places. More distressingly, from 1974 to 1977 minority students lost 23 seats, while the number of medical school places increased by 1,373. For the past three years, first-year enrollment among minority group students has remained

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[27] Edward R. Roybal, "Minorities in Medicine: The Next Decade," Journal of Medical Education 54 (August 1979), 653.

virtually unchanged. One of the reasons for this appears to be the number of minority students applying to medical school.[28]

From 1970 to the present, minority applicants increased by more than 200 percent. Yet, the majority of this increase occurred between 1970 and 1974. Since 1974 the pool has fluctuated between 3,200 and 3,300 applicants, accounting for approximately 8.1 percent of all medical school applicants. Furthermore, since 1974 the acceptance rate of minority students has dropped from 44 percent to its current rate (1977-78) of 40 percent. This decline means that if minority students are, at least, to maintain their present enrollment, the applicant pool will have to be enlarged. If this is the case, the long-range solution to increase the pool of minority applicants will depend heavily on improved education below the undergraduate level.[29]

Another problem in increasing the participation of minority group students in medicine is the cost of medical education. Now as these costs escalate, large numbers of minority group students who are from families with little financial resources will feel the greatest impact. In the early 1970s the availability of student

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[28] Ibid.

[29] Ibid.

scholarships and loans and capitation grants to medical schools alleviated some of these concerns. However, as the amount of capitation grants have decreased, tuitions have increased. The long-range effect will be to reduce opportunities for students from families with low incomes.[30]

Summary

The future of minority group participation in medicine is threatened by all these problems--uncertainty about affirmative action programs, rising medical education costs, and recruitment of applicants. Future progress is dependent on a firm and visible commitment by each medical school to the existence and continuation of affirmative action programs. As was stated in the AAMC task force report, "With commitment . . . much can be accomplished even within the financial, legal, and informational constraints. . . . Without institutional commitment, the effort is a charade."[31] If medical schools are committed to increasing minority enrollment--and if medical schools want to regain the momentum of the early 1970s--a clear and visible commitment must be made. Each medical school must reaffirm and commit more than a token

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[30] Ibid.

[31] Minutes of AAMC Assembly Meeting, Journal of Medical Education 54 (1979): 157-158.

share of its resources to programs that recruit minority students and continue to support programs that provide supportive services to these students.

Minority acceptance rates have dropped. There were 10 percent minorities in 1974, the peak year, and there were 9 percent in 1980-81. The unavailability of more data makes it difficult to draw conclusions about implicit policies regarding minority admissions to medical school.

In the following chapter the method described examines explicit public policy regarding admissions policies to medical schools prior to and subsequent to the Bakke decision.

CHAPTER IV

DESIGN

The methodology and procedures used to conduct this study are described in this chapter.

This study was conducted as an empirical inquiry into the question of admissions policies at all 126 medical schools before and after the United States Supreme Court Decision, Regents of University of California v. Bakke, 98 Supreme Court, 2733, 1978.

Before the Bakke decision there were roughly three kinds of policies that medical schools could have with regard to minority admissions; at this point restricting the discussion to explicit policy, whether public or non-public.

1. A school could have a Davis type system, e.g., they could set a quota for minority admissions.
2. The school could take the position that race or minority status is an important factor among others in admissions decisions

but not have a quota. This would be a Harvard-type system.

3. A school could take the position that admissions decisions will be color blind, that they will not inquire into the racial status of applicants and base their decisions on other criteria.

Prior to the Bakke decision, there was no constitutional ruling that any of these were forbidden or mandatory. A school could not look to the court for clear guidance on what they must do, or must not do, with regard to race in admissions decisions. After the Bakke decision, the first option was no longer permissible by the ruling of five members of the court. The second option was constitutionally permissible by a different five member majority of the court. And it is of importance that four members of the court believed that the Constitution forbids one and two and therefore requires three. The bare majorities that were formed in the case are not lost on those who observe the court. A unanimous decision carries greater persuasive force than a bare majority . . . so it would be easy to react to the court's decision by reading policy option three as a sensible and constitutionally viable position. Since two and three are constitutionally permissible, a school might move toward three and away

from two. This may not show up in the school's explicit public policy, but could show up in the explicit nonpublic policy or in the implicit policy.

There has been no research on what has happened to admissions policies since the Bakke decision. The researcher realizes that nonpublic policy and implicit policy are very difficult to research on a large-scale basis. The only viable possibility would be a case study or series of case studies. However, it is possible to study the explicit public policies of medical schools. The empirical study examined if there had been any changes in admissions policies prior and subsequent to the Bakke decision.

A medical school, or its admissions committee, can have explicit and nonpublic policies regarding such matters as minority admissions. That is, a school may not say to the world at large that a certain number of positions are reserved for minority students, but the admissions committee may say among themselves that they have as a goal to admit some number of minority students in a given class. This is an explicit policy which can only be identified by a researcher who had access to committee deliberations. Surveying public stated admissions procedures, the researcher can only attempt to identify explicit public policy.

The researcher requested information concerning admission policies at all 126 medical schools. The researcher used the Medical Admissions Requirements book published by the Association of American Medical Colleges, 1981-82, in writing to all 126 medical schools for admissions materials to examine if there had been any changes in admissions policies at medical schools between the times before and after the Bakke case.

Method

Data were collected through a letter designed by the researcher to obtain information on medical school admissions prior to and subsequent to the Bakke decision.[1]

The population for the study consisted of all 126 U.S. medical schools in the United States listed in the Medical School Admissions Requirements, 1981-82. The letter was mailed to the individual medical schools listed in the roster of the Association of American Medical Colleges for Medical School Admission Requirements, 1981-82 on December 12, 1981.

The letter asked each individual medical school for the year 1976 and for the year 1980-81 to provide the following:

1. Application form for admissions.

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[1]A copy of this letter is in Appendix C.

2. Statement of admissions policies.

3. Any other relevant admissions materials.

Responses totaled 78, or 64 percent.

The researcher allowed eight weeks for the receipt of the data and arbitrarily assigned February 16, 1982, as a deadline.

The researcher hoped to receive a substantial amount of admissions policies from the year 1976 and the year 1981-82.

However, the researcher only received admissions policies of six medical schools for the year of 1976. These policies were pages taken from the catalogues of that year. The researcher went to the library of one university and was able to obtain the 1976 admissions policy from that one additional institution. The researcher then tried other avenues to procure more 1976 documents on admissions policies at medical schools. He called 20 medical schools chosen at random from the population of 126 to see if they could send admissions policies for the 1976 year. These 20 medical schools replied that there were no 1976 admissions materials and catalogues available. The researcher then went to the university library and found out that 1976 catalogues were non-existant, except for that university's admissions catalogue and that the only recent catalogues available were of the 1981-82 year.

Thus the researcher could only review these seven 1976 admissions policies to assess policies before the Bakke decision.

Analysis of Documents

Of the seven medical schools that had information regarding 1976 and 1981-82 admissions policies, all reported that a major effort was made to include applicants from inadequately represented geographical areas and economic, racial, and ethnic groups. The language in which these policies were stated varied across the seven institutions.

Seven medical schools reported that they admit students with diverse interests and backgrounds, again with a variation of language regarding these processes and policies. These medical schools reported that priority for consideration in medical schools are based primarily on the overall quality of college performance and on general ability and promise of the applicant. These schools also mentioned appraisal of character, personality, and general background, placing great emphasis to include applicants from inadequately represented geographical areas and economic, racial, and ethnic groups. These documents were expressing minority representation in a similar fashion with three which had identical statements. Statements were as follows:

> "X" University attempts to maintain a heterogeneous student body by selecting well-qualified students from diverse geographic, academic, socio-economic, and racial backgrounds. The number of students from any one college, religion, race, or sex may vary from year to year.[2]

Another university's statement was:

> To provide a diverse student body, the committee considers a variety of individual qualifications and accomplishments, including non-academic accomplishments and special talents, the ability to establish raport and communicate with others, the nature of the communities in which the student has lived, racial, ethnic, and economic backgrounds.[3]

Another university welcomes applicants from students representing minority groups from all sections of the country. Minority students from southeastern states are especially encouraged to apply. Minority applicants are expected to present a competitive level of academic achievement.

One medical school reported because there is an inadequate number of black and other minority group physicians, and because of the importance to future white physicians of the opportunity to interact with and learn about the problems of students from such groups, the school is actively interested in attracting candidates who can help make the student body more representative of

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[2]Response from a university medical school in the Southeast, dated December 2, 1981.

[3]Response from a university medical school in the Atlantic Coast Region dated December 21, 1981.

our population and more realistically informed about social problems affecting the delivery of health care in this country.

Three medical schools have used exactly the same sentence in stating that a major effort is made to include applicants from inadequately represented geographical areas and economic, racial and ethnic groups for the 1976 year and the 1981-82 year regarding admissions policies.

These admissions statements have also stated that students who have demonstrated intelligence, maturity, integrity and dedication to the ideal of service to society are best suited for meeting the educational goals of the school and for the successful practices of medicine. All of these individual medical schools desire students with diverse interests and backgrounds. These seven medical schools have not made any change in their documents from the year 1976 to 1981-82 regarding admissions policies. The statements on admissions policies were the same in 1976 and in 1981-82.

Minimum requirements for admission of all 1976 and 1981-82 statements on admissions also appear to be approximately the same with regard to course requirements:

1. 90 semester hours (six semester, nine quarters) of college credit

2. English--six semester hours of college credit (one year course or the equivalent)
3. Biology--eight semester hours of college credit (one year course or the equivalent)
4. Physics--eight semester hours of college credit (one year or the equivalent)
5. General chemistry--eight semester hours of college credit (one year or the equivalent)
6. Organic chemistry--no less than six semester hours of college credit
7. An applicant's score on the Medical College Admission Test (MCAT)

Of these seven medical schools, all stress the great importance of chemistry, mathematics and physics as the foundation of modern biological and medical sciences. The admissions committee gives special attention to competence in these areas.

Thirty-seven medical schools voluntarily sent the researcher a letter stating that there have been no changes in their admissions policies with regard to explicit public policy. The reason given in all of these cases was that no changes were necessary since there was never a quota of any type.[4]

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[4]It may be noted that the medical school at the University of California at Davis did not respond in this study.

One private institution in the East did make some changes in the procedures for processing applications. Before the Bakke decision, minority applications were screened solely by members of the minority subcommittee. Since that decision, these applications have had one minority subcommittee screener and one screener from any of the other subcommittees which handle nonminority applications.[5]

That private institution also altered the procedure so that the subcommittees forward to the Main Committee a group of top applications without ranking. The Main Committee is charged with the responsibility of then voting on these and establishing its own ranking. In this fashion, the minority and nonminority applications are all handled without the existence of a separate track for any group.[6]

One Director of Admissions for the past 16 years affirmed that no changes in policy, the decision process, or any other factor in medical school admission came about as the result of the Bakke decision.[7]

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[5]Response from Private University in the East, dated December 22, 1981.

[6]Ibid.

[7]Response from a Public University in the Southeast, dated December 14, 1981.

An Associate Dean of a school of medicine in the South responded as follows:

> Any changes we made in application materials or policy have had nothing to do with the Bakke decision.
>
> It is my opinion that the Supreme Court could have made no other decision considering the asinine way in which the school in question approached the admission of medical students.
>
> Philosophically, it resulted in a renewed commitment on our part to affirmative action.[8]

An Associate Dean and recent chairman of all Admission Deans in the country for the past two years assured the researcher that most medical schools in the United States have had no changes whatsoever before and after the Bakke decision.[9]

Most universities' application form is the standard AMCAS (American Medical College Application Service) form which is utilized by 96 medical schools in the United States.[10]

Only seven medical schools responded with admissions materials which covered the 1976 year. The researcher received 46 catalogues for the 1981-82 year.

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[8]Response from a Public University in the South, dated December 29, 1981.

[9]Response from Associate Dean and Chairman of all Admissions Deans of Medical School in the Midwest, dated December 16, 1981.

[10]Ibid.

Out of 78 total responses, 38 medical schools submitted additional materials dealing with admissions procedures.

Only one institution responded differently as was reported earlier in the chapter.

Summary

The nature and intent of this study supported the need for empirical inquiry.

Admissions policies were examined in 1976 and 1981-82 to determine if there had been any changes in admissions policies between the times before and after the Bakke decision. Nonpublic explicit policy and implicit policy are very difficult to research on a large-scale basis. However, the researcher found it possible to study the explicit public policies of seven medical schools prior and subsequent to the Bakke decision. The researcher may conclude with regard to explicit public policy, seven medical schools have not changed their admissions policies prior and subsequent to the Bakke decision. With regard to explicit nonpublic policy and implicit policy, the researcher cannot conclude that there have been any changes prior to and subsequent to the Bakke decision.

CHAPTER V

SUMMARY AND CONCLUSIONS

In this final chapter, the study is summarized, conclusions are enumerated and discussed, and implication for future research are presented.

Summary

The researcher has found that seven out of 126 medical schools have not changed their explicit public policies of medical schools since the Bakke decision. In addition, thirty-seven medical schools stated that they did not change their policy due to the Bakke decision.

Prima facie, it is possible to believe that these policies may have changed since the Bakke decision. The number of minorities, as well as the proportion of minorities has not increased since the Bakke decision. Further, an institution, or admissions committee could read the Bakke decision as implying that less attention to minority applications is required. It could be read as pressing away from any sort of goal or target for the number of minorities in a class of students, and the result of

this is that fewer minorities would be admitted than would have been had there been a goal or a target.

Conclusion

An analysis of the data would indicate that seven out of 126 medical schools with regard to explicit public policy have made no significant changes in admissions policies before and after the Bakke decision. It is possible that the reason there have been no significant changes is that no changes were necessary since few schools, if any, beside Davis, used a quota of any type. In this fashion, the minority and nonminority applicants were handled without the existence of a separate track for any group.

Based on the research, there is no evidence to support that explicit public policies of seven medical schools have changed since the Bakke decision. But one does not know whether other schools would have adopted a Davis-type approach if the court had ruled that it was constitutionally permissible. It is common knowledge that when an important case is pending, all those outside the case tend to hold their fire until they find out the results. Given the result, they had to go to option two or three of their explicit policy.

Before the Bakke decision medical school admissions committees had long used multiple criteria in

selection of medical students which they believe will fulfill the goals and missions of their institutions. Such factors include personal interviews, in addition to academic achievement and scores on the Medical College Admission Test. It is now clear that race can be one of the factors to be considered. "We have a great diversity in our medical schools, and thus each will give different weight to the various criteria employed in admitting students." The weightings change from one year to the next to meet changing needs of society and advances in medicine. "We are pleased that this approach appears to fall within the court decision."[1]

Since most of the medical schools are using admissions procedures which

> . . . we feel fall within the views of the court, we see little effect of the court's ruling on the school's affirmative action programs. The court's decision that race may be used as a factor in admissions removes some past uncertainties and should stimulate efforts to increase the admissions of underrepresented minorities.[2]

Discussion

It is very difficult to determine actual admissions policies to medical schools. The written policies that were reviewed by the researcher tend to be stated

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[1]John A. D. Cooper, M.D., Ph.D., "The Bakke Decision," Journal of Medical Education 53 (1978): 776-777.

[2]Ibid.

in a broad manner which make it difficult to establish any system by which the effectiveness of the policies could be evaluated. As indicated in the prior review, the actual decision, whether to admit or not to admit a student rests very heavily on the interview process. This process is conducted in private and the actual basis upon which a decision is made is not made public for review.

As noted in Chapter IV, the University of California at Davis, at which the case occurred, did not respond to the letter sent by the researcher. As a result, it was impossible to determine whether and to what extent admissions policies have changed pre- and post-Bakke, regarding nonexplicit public policy and implicit policy.

Prior to the decision, medical schools may not have had quota systems, and since that was what the Bakke case said was unconstitutional, and that the consideration of race was constitutional in other formats, nothing had to be changed.

In this dissertation, from the data gathered, the researcher may assume that medical schools have adopted a policy such as follows: that a school could take the position that race or minority status is an important factor among others in admissions decisions, but not have a quota.

Concluding Observations for Discussion

The reverse discrimination discussed in the Regents of the University of California v. Bakke, 98 S. Ct. 2733, 1978, seems to reveal five considerations:

1. If possible, courts will avoid definitive statements on the constitutionality and legality of preferential admissions, presumably because they lack unambiguous guidance from the United States Supreme Court.
2. Private institutions are no longer well-insulated against challenges involving preferential treatment.
3. Courts generally view quite skeptically any special admissions practices resembling a quota.
4. Courts are more sympathetic to preferential treatment in the presence of hard evidence of past discrimination by the institution.
5. Courts will look at the case with which an institution has designed its special admissions program; a high standard of professionalism in implementing such programs should be maintained.

Under these circumstances, it is not at all clear what educators might do to make race-conscious admissions programs pass judicial muster, but Mr. Bakke helped shed some more light on what constitutes permissible programs reviewing admissions policies.

Implications for Further Research

In an effort to reverse the impacts of discrimination and the underrepresentation and undertuilization of minority talents, special programs have been developed to compensate for past deprivation and to ensure greater access to employment and educational opportunities.

In this dissertation what is not known is whether there has been a change in admissions policies to medical schools before and after the Bakke decision regarding non-public explicit policy and implicit policy. This is the rationale on which further research is needed. The only viable possibility would be a case study or series of case studies to research these two types of policies.

Further research might also suggest that the United States Supreme Court be examined to see if decisions in the academic arena are appropriate for the strictest constitutional review.

The final point of further research might suggest a closer examination of the constitution to precisely

determine whether the Bakke decision was in direct or indirect conflict with the language of the Fourteenth Amendment.

APPENDICES

APPENDIX A

AMICI BRIEFS IN THE BAKKE CASE

APPENDIX A

AMICI BRIEFS IN THE BAKKE CASE

Following is a list of the individuals and organizations that filed "friend of the court" briefs in the case of University of California Regents v. Bakke when the case was argued on October 12, 1977. California appealed from the decision of its own supreme court holding unconstitutional an admission plan at the Davis campus of the University of California that reserved sixteen of one hundred places in the medical school for Chicanos, blacks, and members of certain other nonwhite minorities.[1]

In Support of Allan Bakke:

American Federation of Teachers (AFL-CIO)
American Jewish Committee
American Jewish Congress
American Subcontractors Association
Anti-Defamation League of B'nai B'rith
Chamber of Commerce of the U.S.A.
Committee on Academic Nondiscrimination and Integrity
Conference of Pennsylvania State Police Lodges of the Fraternal Order of Police
Council of Supervisors and Administrators of the City of New York
Fraternal Order of Police
Ralph J. Galliano (unsuccessful white applicant to University of Florida law school)
Hellenic Bar Association of Illinois
Timothy J. Hoy (student at Oberlin, planning to apply to law school this year)
International Association of Chiefs of Police

International Conference of Police Associations
Italian-American Foundation
Jewish Labor Committee
Jewish Rights Council
Mid-America Legal Foundation
National Advocates Society
National Jewish Commission on Law and Public Affairs
National Medical and Dental Association
Order of the Sons of Italy in America
Pacific Legal Foundation
Polish-American Affairs Council
Polish American Congress
Polish-American Educators Association
Queens Jewish Community Council
Ukranian Congress Committee of America (Chicago Division)
UNICO National
Rep. Henry A. Waxman, Democrat of California
Young Americans for Freedom

In Support of the University of California

American Association of University Professors
American Bar Association
American Civil Liberties Union
American Civil Liberties Union of Northern California
American Civil Liberties Union of Southern California
American Coalition of Citizens with Disabilities
American Federation of State, County, and Municipal Employees (AFL-CIO)
American Indian Bar Association
American Indian Law Center
American Indian Law Students Association
American Medical Student Association
American Public Health Association
Americans for Democratic Action
Asian-American Bar Association of the Greater Bay Area
Aspira of Americas (national organization of Puerto Rican educators and students)
Association of American Law Schools
Association of American Medical Colleges
Association of Mexican American Educators
Bar Association of San Francisco
Black Law Students Association at U. of California at Berkeley
Black Law Students Union of Yale Univ. law school
Board of Governors of Rutgers, the State University of New Jersey
Children's Defense Fund

Cleveland State U. Chapter of Black American Law Students Association
Columbia University
Council on Legal Education Opportunity
County of Santa Clara, Cal.
Fair Employment Practices Commission of the State of California
GI Forum
Harvard University
Howard University
Image
Internationa Union of Electric, Radio, and Machine Workers (AFL-CIO)
International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America (UAW)
Japanese American Citizens League
Jerome A. Lackner, Director of California Dept. of Health.
LaRaza National Lawyers Association
Law School Admissions Council
Lawyers' Committee for Civil Rights Under Law
League of United Latin American Citizens
Legal Services Corp.
Los Angeles County Bar Association
Los Angeles Mecha Central
Mexican American Legal Defense and Educational Fund
Mexican-American Political Association
NAACP Legal Defense and Educational Fund
National Association for the Advancement of Colored People
National Association for Equal Opportunity in Higher Education
National Association of Minority Contractors
National Bar Association
National Council of Churches of Christ in the U.S.A.
National Council of La Raza
National Council of Negro Women
National Education Association
National Employment Law Project
National Fund for Minority Engineering Students
National Health Law Program
National Lawyers' Guild
National Legal Aid and Defender Association
National Medical Association
National Organization for Women
National Urban League
Native American Law Students of the U. of California at Davis
Native American Student Union of the U. of California at Davis
North Carolina Association of Black Lawyers

Puerto Rican Legal Defense and Education Fund
Rutgers Law School Alumni Association
Society of American Law Teachers
Stanford University
State of Washington and University of Washington
Student Bar Association of Rutgers School of Law--Newark
UCLA Black Law Students' Association
UCLA Black Law Alumni Association
Union of Women's Alliance to Gain Equality
Unitas
United Farm Workers of America (ALF-CIO)
United Mine Workers of America
University of Pennsylvania
U.S. National Student Association
John Vasconcellos (Democratic Member of the California Assembly)
Marion J. Woods, director of California Dept. of Benefit Payments
Young Women's Christian Association

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[1]Chronicle of Higher Education, September 19, 1977.

APPENDIX B

MINORITY STUDENT INFORMATION BY INDIVIDUAL U.S. MEDICAL SCHOOLS

TABLE B.1.--Minority student information by individual U.S. medical schools

Medical School	Minority Enrollment, Fall 1980[a]			
	Black American	American Indian	Mexican American	Mainland Puerto Rican[b]
	3708/1128	221/67	951/258	329/95
Alabama	35/10	1/0	0/0	0/0
Alabama, South	8/3	0/0	0/0	1/0
Albany	6/2	0/0	0/0	3/1
Albert Einstein	14/3	2/1	0/0	7/4
Arizona	1/1	3/1	15/2	1/0
Arkansas	37/15	3/1	1/0	0/0
Baylor	24/4	2/1	48/20	0/0
Boston University	51/15	2/1	9/1	20/2
Bowman Gray	30/15	7/1	2/0	3/0
Brown	20/6	0/0	1/0	6/2
California, University of Davis	8/1	3/1	14/2	0/0
Irvine	21/3	2/0	52/15	2/0
Los Angeles	40/9	0/0	39/9	1/0
San Diego	20/11	5/2	22/7	0/0
San Francisco	45/13	4/0	45/5	6/1
California, Southern	21/5	0/0	26/7	0/0
Caribe-Cayey	0/0	0/0	0/0	5/3[c]
Case-Western Reserve	56/12	2/1	5/0	2/0
Chicago Medical	19/2	0/0	0/0	0/0
Chicago-Pritzker	8/1	0/0	2/0	1/1
Cincinnati	58/19	0/0	2/1	1/0
Colorado	13/4	10/3	50/15	0/0
Columbia	22/5	0/0	0/0	9/3
Connecticut	10/2	0/0	0/0	6/3
Cornell	27/4	1/1	7/1	9/3
Creighton	17/6	1/1	17/3	1/0

TABLE B.1.--Continued

Medical School	Minority Enrollment, Fall 1980[a]			
	Black American	American Indian	Mexican American	Mainland Puerto Rican[b]
	3708/1128	221/67	951/258	329/95
Dartmouth	10/5	4/0	2/2	0/0
Duke	34/12	2/1	0/0	1/1
East Carolina	17/10	2/2	0/0	0/0
Emory	21/6	0/0	0/0	1/0
Florida	41/14	0/0	0/0	1/0
Florida, South	6/5	0/0	0/0	0/0
Georgetown	31/11	2/0	1/0	2/1
George Washington	28/7	2/0	1/0	1/1
Georgia	31/10	1/0	0/0	1/0
Hahnemann	38/14	1/1	3/1	5/3
Harvard	71/18	4/2	22/6	16/2
Hawaii	1/0	0/0	0/0	0/0
Howard	378/104	0/0	0/0	1/0
Illinois	83/29	2/0	21/10	4/1
Illinois, Southern	18/6	1/1	1/0	0/0
Indiana	30/11	2/0	2/1	1/0
Iowa	19/5	1/0	8/5	2/1
Jefferson	33/5	7/2	9/1	8/2
Johns Hopkins	31/15	1/0	3/2	0/0
Kansas	8/1	2/0	5/0	1/0
Kentucky	12/6	0/0	0/0	0/0
Loma Linda	12/4	2/1	0/0	0/0
Louisiana--New Orleans	25/8	1/0	7/0	0/0
Louisiana--Shreveport	12/8	2/0	0/0	1/1
Louisville	20/7	1/0	1/0	0/0

TABLE B.1.--Continued

Medical School	Minority Enrollment, Fall 1980[a]			
	Black American	American Indian	Mexican American	Mainland Puerto Rican[b]
	3708/1128	221/67	951/258	329/95
Loyola-Stritch	4/1	1/0	4/2	0/0
Marshall	0/0	1/1	0/0	0/0
Maryland	37/9	0/0	0/0	1/0
Massachusetts	15/2	0/0	0/0	4/1
Mayo	8/3	3/2	2/0	0/0
Meharry	440/143	6/2	5/1	0/0
Miami	14/4	0/0	1/1	1/0
Michigan State	45/9	1/0	17/3	6/4
Michigan, University of	60/26	4/2	2/0	0/0
Minnesota--Duluth[c]	0/0	1/0	0/0	0/0
Minnesota--Minneapolis	26/7	12/2	37/11	1/0
Mississippi	30/10	0/0	1/0	0/0
Missouri--Columbia	11/5	1/0	1/0	0/0
Missouri--Kansas City	19/3	4/2	5/0	0/0
Morehouse	42/25	0/0	0/0	1/0
Mount Sinai	22/7	0/0	2/0	12/3
Nebraska	5/4	4/3	2/1	0/0
Nevada--Reno	0/0	1/0	4/1	0/0
New Jersey: CMDNJ New Jersey Medical	86/25	2/1	0/0	32/13
Rutgers	58/17	0/0	0/0	11/3
New Mexico	4/1	8/2	54/19	1/0
New York Medical	23/4	0/0	0/0	18/1
New York University	16/1	0/0	0/0	13/3
New York: SUNY Buffalo	31/7	0/0	3/1	7/1
Downstate	32/9	0/0	0/0	9/2
Stony Brook	15/4	0/0	0/0	8/1

TABLE B.1.--Continued

Medical School	Minority Enrollment, Fall 1980[a]			
	Black American	American Indian	Mexican American	Mainland Puerto Rican[b]
	3798/1128	221/67	951/258	329/95
Upstate	21/7	1/1	1/0	0/0
North Carolina	82/23	5/2	0/0	2/1
North Dakota	0/0	11/5	0/0	0/0
Northwestern	25/5	0/0	0/0	0/0
Ohio Medical College of	24/12	2/2	4/2	1/1
Ohio, Northeastern Universities	6/2	0/0	0/0	0/0
Ohio State	53/27	0/0	1/0	3/2
Oklahoma	13/4	15/2	5/0	2/0
Oral Roberts	1/1	1/0	0/0	0/0
Oregon	0/0	1/0	1/1	0/0
Pennsylvania, Medical College of	9/2	2/1	0/0	0/0
Pennsylvania State	14/4	1/0	0/0	0/0
Pennsylvania, University of	41/12	0/0	3/0	1/0
Pittsburgh	28/14	0/0	0/0	0/0
Ponce	0/0	0/0	1/0	3/1[e]
Puerto Rico, University of	2/0	0/0	0/0	6/5[e]
Rochester	4/1	0/0	1/0	2/0
Rush	31/5	0/0	2/0	1/0
Saint Louis	18/4	2/1	2/1	0/0
South Carolina, Medical University of	16/4	0/0	1/1	0/0
South Carolina, University of	3/2	0/0	0/0	1/0
South Dakota	0/0	0/0	0/0	0/0
Stanford	34/7	5/1	46/13	2/1
Temple	82/23	1/1	1/0	8/1

TABLE B.1.--Continued

Medical School	Minority Enrollment, Fall 1980[a]			
	Black American	American Indian	Mexican American	Mainland Puerto Rican[b]
	3798/1128	221/67	951/258	329/95
Tennessee State, East	3/2	0/0	0/0	0/0
Tennessee, University of	11/3	1/0	0/0	0/0
Texas A&M	1/0	2/0	2/0	0/0
Texas University of Dallas	25/8	0/0	70/19	0/0
Galveston	22/6	1/1	52/13	4/2
Houston	10/6	1/1	26/8	1/0
San Antonio	12/2	3/0	59/11	0/0
Texas Tech	5/1	1/0	16/9	0/0
Tufts	51/20	3/1	5/3	9/3
Tulane	43/11	2/0	2/1	2/0
Uniformed Services Univ.	20/4	3/1	3/0	4/2
Utah	3/1	2/1	13/2	0/0
Vanderbilt	14/3	0/0	0/0	0/0
Vermont	0/0	0/0	0/0	0/0
Virginia, Eastern	20/9	1/0	0/0	3/1
Virginia, Medical College of	36/9	0/0	2/1	0/0
Virginia, University of	17/6	0/0	0/0	0/0
Washington University (St. Louis)	44/13	2/0	1/0	0/0
Washington, University of	7/0	5/0	15/5	1/0
Wayne State	82/17	1/1	2/2	3/2
West Virginia	0/0	0/0	0/0	0/0
Wisconsin, Medical College of	28/7	5/1	22/7	6/1
Wisconsin, University of	24/5	2/1	5/2	5/2

TABLE B.1.--Continued

Medical School	Minority Enrollment, Fall 1980[a]			
	Black American	American Indian	Mexican American	Mainland Puerto Rican[b]
	3798/1128	221/67	951/258	329/95
Wright State	25/8	1/1	1/0	1/0
Yale	34/10	1/0	3/1	4/1

[a]The first figure under each category is the total number of minority students in the student body; the second figure is the number of minority students in the 1980-81 first-year class (126 medical schools represented). Source of the data is the AAMC Fall 1980 Enrollment Questionnaire.

[b]Figures at each school except University of Puerto Rico, Ponce School of Medicine, and University del Caribe include students who are mainland Puerto Rican residents only and not residents of the commonwealth of Peurto Rico.

[c]Two-year basic science school.

[d]In process of establishing a full M.D. degree program.

[e]Figures represent students who are residents of the commonwealth of Puerto Rico. These figures are not included in the grant totals figure.

Source: Association of American Medical Colleges Staff for Medical School Admission Requirements 1982-83. Washington, D.C., pp. 49-58.

APPENDIX C

LETTER TO 126 MEDICAL SCHOOLS

December 10, 1981

James A. Berlowe
% Dr. Eldon Nonnamaker
Dept. of Administration
and Curriculum
412 Erickson Hall
Michigan State University
East Lansing, MI. 48824

I am in the process of gathering data for my dissertation at Michigan State University. My chairperson, Dr. Eldon Nonnamaker, is directing my study along with Dr. Bruce Miller. The title of my dissertation is: "CHANGES IN ADMISSIONS POLICIES AT MEDICAL SCHOOLS BEFORE AND AFTER THE BAKKE DECISION."

I would appreciate your assistance in sending me for the year 1976 and for the current year, the following: (a) application form for admissions, (b) statement of admissions policies, and (c) any other relevant admissions materials. I realize that there is usually a charge for the receipt of this information. However, due to my limited finances, I cannot sustain this fee. Since this is for expanding my academic career, I would sincerely appreciate your assistance. If you desire, please so indicate and I will send you results of my study.

Sincerely,

James Andrew Berlowe

APPENDIX D

AMCAS APPLICATION FOR 1982-83 ENTERING CLASS

TYPE THIS FORM USING A DARK BLACK RIBBON ONLY

AMCAS® APPLICATION FOR 1982-83 ENTERING CLASS

AMCAS Use

1. **SSN** |_|_|_|_|_|_|_|_|_|

2. **Name** _____
last first middle suffix

3. **Permanent Address** _____
street city

_____ 4. **Telephone** _____
county state zip code area code number

5.

	Father (living [ ] deceased [ ])	Mother (living [ ] deceased [ ])	Guardian
Name			
Occupation			
State of Residence			
Education/ College			

6. **Ages of Your Brothers** _____ **Ages of Your Sisters** _____ **Ages of Your Dependents** _____

7. **Secondary School** _____
name city state year of graduation

8. **A. All Undergraduate Colleges Attended** (list in chronological order)

Institution	Campus/Location/State	Dates of Attendance	Check if Summer Only	Check if Jr/Comm. College	Major	Degree Granted or Expected (with date)
		19 to 19	[ ]	[ ]		
		19 to 19	[ ]	[ ]		
		19 to 19	[ ]	[ ]		
		19 to 19	[ ]	[ ]		
		19 to 19	[ ]	[ ]		
		19 to 19	[ ]	[ ]		

B. All Graduate or Professional Schools Attended (including previous Medical School)

		19 to 19	[ ]			
		19 to 19	[ ]			
		19 to 19	[ ]			

9. **What honors did you receive while in college?** (include honorary societies)

10. **In what extracurricular, community and/or avocational activities have you participated while in college or subsequently?** (include offices held)

11. **If you have been employed during the regular school year while in college or graduate school specify type of work and approximate hours per week:**
A. Currently: _____
B. Previous to this year: _____

12. **How have you spent your summers during college?** _____

13. **If your education to date has not been continuous, indicate what you have done while not in school.** _____

14. **Were you ever required to leave any college or denied readmission for any reason?** Yes [ ] No [ ] If answer is Yes, please explain fully in Personal Comments section of AMCAS Application

15. **If you have had any military service complete the following:**

Branch of Service _____ Highest Rank _____ Entry Date _____ Discharge Date _____

TYPE THIS FORM USING A DARK BLACK RIBBON ONLY. **SEE AMCAS INSTRUCTION BOOKLET BEFORE COMPLETING THIS FORM.**

This form is most easily completed using a 10 character per inch (pica) typewriter.

NO. E-6, REV. 2/81 DCC No 0422-81

DO NOT TYPE OUTSIDE OF BORDER

FOR PERSONAL COMMENTS (See AMCAS Instruction Booklet before completing)

DO NOT TYPE OUTSIDE OF BORDER

DO NOT TYPE OUTSIDE OF BORDER

DO NOT TYPE BELOW BORDER

-3-

ACADEMIC RECORD

AMCAS USE

SSN

Name LAST FIRST MIDDLE SUFFIX

COLLEGE LOCATION	ACADEMIC STATUS	BCPM/A	ACADEMIC YEAR	TERM	COURSE NAME	NUMBER	TYPE	OFFICIAL TRANSCRIPT GRADE	SEMESTER HOURS ATTEMPTED	AMCAS GRADE	AMCAS USE	

DO NOT TYPE OUTSIDE OF BORDER

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This form is most easily completed using a 10 character per inch (pica) typewriter.

-4-

AMCAS USE COLLEGE	LOCATION	ACADEMIC STATUS	BCPM/A	ACADEMIC YEAR	TERM	COURSE NAME	NUMBER	TYPE	OFFICIAL TRANSCRIPT GRADE	SEMESTER HOURS ATTEMPTED	AMCAS GRADE	AMCAS USE
AMCAS USE				AMCAS USE			AMCAS USE					AMCAS USE

DO NOT TYPE OUTSIDE OF BORDER

SUMMARY TOTALS

GPAs AND CREDIT HOURS
NOT VERIFIED BY AMCAS

ACADEMIC STATUS		BCPM		ALL OTHER		TOTAL	
		OFFICIAL TRANSCRIPT	AMCAS	OFFICIAL TRANSCRIPT	AMCAS	OFFICIAL TRANSCRIPT	AMCAS
FR	GPA	_._	_._	_._	_._	_._	_._
	HOURS	.	.	.	.	.	.
SO	GPA	_._	_._	_._	_._	_._	_._
	HOURS	.	.	.	.	.	.
JR	GPA	_._	_._	_._	_._	_._	_._
	HOURS	.	.	.	.	.	.
SR	GPA	_._	_._	_._	_._	_._	_._
	HOURS	.	.	.	.	.	.
PB	GPA	_._	_._	_._	_._	_._	_._
	HOURS	.	.	.	.	.	.
UG	GPA	_._	_._	_._	_._	_._	_._
	HOURS	.	.	.	.	.	.
GR	GPA	_._	_._	_._	_._	_._	_._
	HOURS	.	.	.	.	.	.

EXEMPTED COURSES/SPECIAL HOURS

EXEMPTED COURSES (#) _____

HONORS HOURS _____.____

SPECIAL SESSION HOURS _____.____

PASS/FAIL HOURS FAIL _____.____

TOTAL HOURS

SUM FOR GRAND TOTAL HOURS

PASS/FAIL HOURS-PASS _____.____

ADVANCED PLACEMENT _____.____

CLEP HOURS _____.____

CUM UG HOURS _____.____

CUM GRAD HOURS _____.____

GRAND TOTAL HOURS _____.____

SUPPLEMENTAL TOTALS
NOT VERIFIED BY AMCAS

NUMBER OF MCAT TESTS TAKEN ☐

HAVE YOU TAKEN OR DO YOU PLAN TO TAKE THE SEPTEMBER 1981 MCAT?

	YES	NO

Information regarding my application to medical school may be provided to the pre-professional advisory units at the colleges indicated on this application

Yes ☐ No ☐

I have read and understand the instructions and other information in the AMCAS Instruction Booklet. I certify that the information submitted in these applicat on materials is complete and correct to the best of my knowledge

Date _____ Signature _____

DO NOT TYPE BELOW BORDER

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