



Preceptorly.

— THE HONEST MCAT GUIDE · MCAT × MED SCHOOL ADMISSIONS

What MCAT Score Do You **Actually** Need?

The honest way to read your score — using real school data instead of a magic number everyone pretends exists.

There is no universal cutoff. There *is* a smarter way to know whether your score works for the schools that fit you — and what to do if it doesn't. That's this guide.

What this
guide is
—and isn't

What this is: a strategist's way to interpret your MCAT — not test prep, not fake thresholds. Every number here comes from official AAMC and AACOM data, rounded and cited. **What it's not:** a "chances calculator." Nobody honest can give you one, and we'll show you why.

A note from Jon

EMERGENCY MEDICINE PHYSICIAN • FOUNDER, PRECEPTORLY



I'm **Jonathan Kelley, DO** — an emergency medicine physician and the founder of Preceptorly. After years working with premeds, I got tired of how much admissions advice *sounds* precise without being backed by anything real.

Preceptorly is built on one rule: **if the evidence doesn't support a claim, we won't pretend it does.** No fake odds. No invented cutoffs. Just honest, physician-built guidance. I hope this guide makes one part of the road a little clearer.

Jonathan Kelley, DO

EMERGENCY MEDICINE PHYSICIAN • FOUNDER, PRECEPTORLY

— OUR STANDARD

The Preceptorly Promise

◆ REAL DATA

Official sources whenever reliable data exist — AAMC and AACOM, cited.

◆ HONEST GUIDANCE

When something is our interpretation and not an official rule, we say so.

◆ NO FAKE ODDS

We never turn incomplete information into a made-up acceptance percentage.

◆ NO MADE-UP CUTOFFS

Averages, medians, percentiles and requirements are different things. We treat them that way.

◆ NUMBERS AREN'T EVERYTHING

Your story, context, writing, letters and interview matter — a metric can't see them.

◆ CHECK OUR SOURCES

We show you where every figure came from, so you never have to take our word for it.

PHYSICIAN REVIEWED

Jonathan Kelley, DO

LAST REVIEWED

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DATA VINTAGE

AAMC 2025 • AACOM 2025

You're asking the wrong question

"What's a good MCAT score?" has no honest answer — because the number that matters isn't national, it's *yours*. A 508 can be strong for one school list and a stretch for another. So the real question is:

"What score gives *me* a realistic shot at the schools that actually fit me?"

Your MCAT opens doors. It doesn't decide the outcome — schools read it alongside your GPA, experiences, and their own mission. This guide shows you how to read it the way admissions actually does.

First, three real anchors (not cutoffs)

Use these as a map, not a bar to clear. They're the honest reference points almost nobody gives you straight.

EVERYONE WHO TAKES IT

~500

MCAT scores are centered around 500 — a useful reference point for the whole testing population. Scoring below it is common and expected.

MD MATRICULANTS

~512

Students who enrolled at U.S. MD schools averaged about a 512 and roughly a 3.8 GPA. (AAMC, 2025)

DO ENTERING STUDENTS

~503

Students who entered U.S. osteopathic (DO) schools averaged about a 503 and a 3.62 GPA. A different, equally real path. (AACOM, 2025)

Read those correctly: these are *averages of students who enrolled* — not minimums you have to clear, and many enrolled students scored below them. The gap between the ~506 that applicants average and the ~512 that matriculants average is real — but it's context, not a wall.

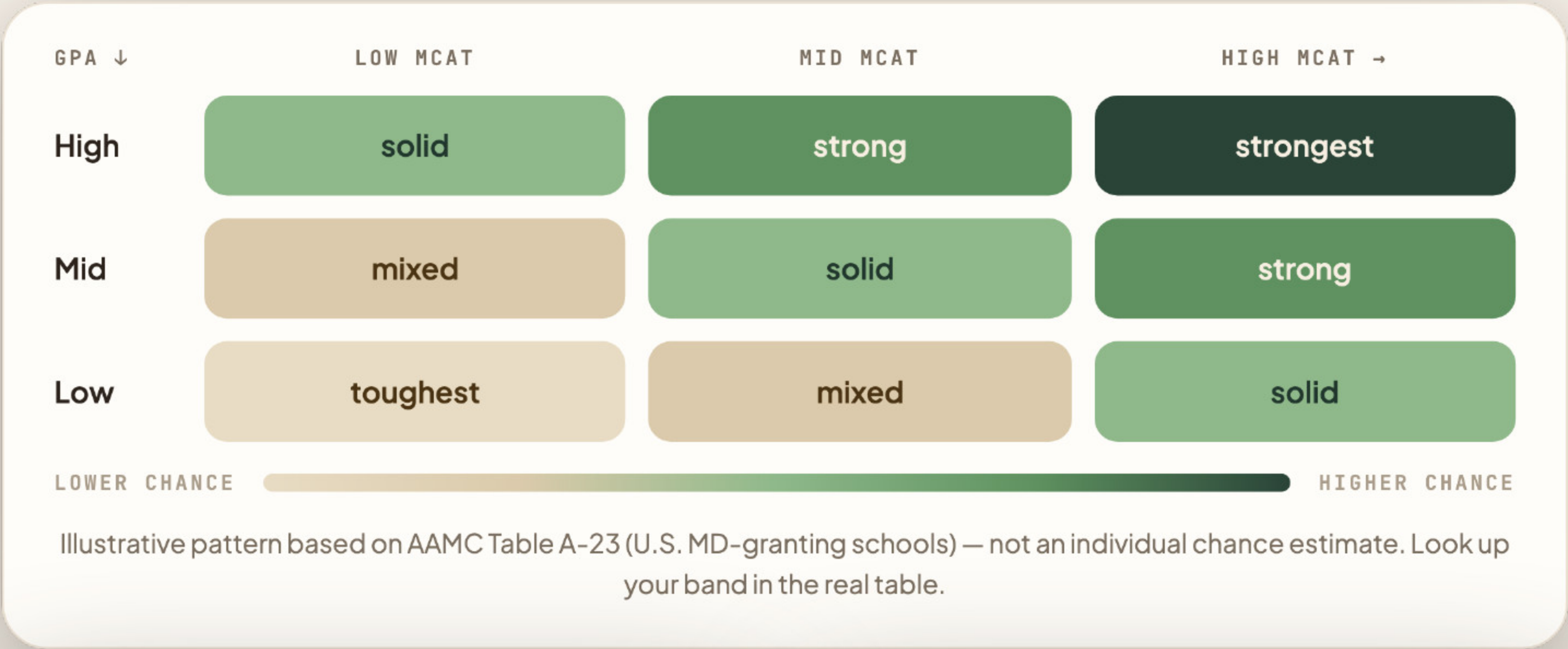


The tedious part: knowing the national averages doesn't tell you about *your* schools. That takes pulling real data for each one — which is exactly the work Preceptorly does for you. More on that in a minute; first, the skill.

Your MCAT and GPA are read *together*

A score never travels alone. AAMC's own data (Table A-23, for U.S. MD-granting schools) shows acceptance *outcomes* across combinations of MCAT **and** GPA — which is why the two shouldn't be read in isolation.

How to read the grid: columns are **your MCAT** (low → high, left to right); rows are **your GPA** (high → low, top to bottom). Find where you land — the greener the square, the higher the *observed* acceptance rate in AAMC's data. Different combinations show different outcomes. It is **not** an individual chance estimate, and there's no simple trade-off formula.



The honest read

Different MCAT/GPA combinations show different observed acceptance rates in AAMC's data — but this is group-level history, **not an individual prediction**. The strongest combination still isn't a guarantee, and a lower one isn't the end. It's context, not a verdict.

Why this matters for you

A stronger MCAT or GPA changes how your whole academic picture reads — but there's no trade-off formula. So "is my MCAT good enough?" can't be answered by the score alone; it depends on the GPA next to it and the schools you're aiming at.

One more useful reference point: your **percentile**. It shows how your score compares with recent MCAT test-takers — a 510, for example, is currently the 79th percentile. It adds context, but your school list and the rest of your application matter more than percentile alone.

Read your list — not the nation

A national average is meaningless for *your* decision. What matters is how your score sits against the real, published MCAT data of the specific schools you're targeting. Here's the four-step method admissions strategists actually use.

1 Write down your target schools.

Even a rough list of 15–25. Mix of MD and/or DO, wherever you're genuinely considering applying.

2 Look up each school's published MCAT data.

Use official class-profile pages or the MSAR. Get the median or mean, the score distribution if it's published — and separately check for any stated minimum or screening requirement. The school's real data, not a rumor.

3 Plot your score against the spread.

Are you above, at, or below the middle for each? Don't judge against one school — look at the *range across your whole list*.

4 Interpret it honestly.

At or above many of your target medians → reassuring academic context (not a prediction of admission).
Below most of them → that's information about your *list* or a *retake* decision — not a verdict on you.

Median ≠ minimum. A school's median is the *midpoint* of its class — not the lowest score considered, and not the number you "need." Use the distribution for context, and check the school's official requirements for any actual minimums.

Real talk: doing this by hand for 25 schools — pulling every school's data, plotting your numbers, re-checking each time your list changes — is a spreadsheet you'll dread. **This guide teaches you the manual method — Preceptorly does the repetitive part for you:** your real numbers mapped against every school's actual data, updated as your list changes.

The reframe that changes everything

"Is my MCAT good enough?" is the wrong frame — it implies a universal bar. The right frame: **"Does my score fit the list I'm building?"** A 506 that fits your list beats a 514 aimed at the wrong twenty schools.

"Should I retake it?"

Not a gut call and not a magic-number chase. Run it through four honest questions — retake to bring *your list into reach*, never to chase a trophy score.

QUESTION 1

Is your score below your list's range?

If you're already at or above most of your target medians, first ask whether a retake would meaningfully change your school strategy. If you're below most of them, keep reading.

QUESTION 2

Do you have real evidence you'd score higher?

Practice tests trending well above your real score, or a fixable reason the first one was low (illness, undertesting, a rushed timeline). "I feel like I can do better" isn't evidence.

QUESTION 3

Do the timing and cost work?

A retake means weeks of study and a later application in a rolling system. Weigh the potential improvement against the time to prepare and receive a new score.

QUESTION 4

Would it move your *list*, or just your ego?

If a higher score genuinely opens schools that fit you, retaking is strategy. If it just makes the number prettier without changing your list, it's usually not worth it.

The honest guardrail — the thing nobody else will tell you

No MCAT score guarantees admission, and a lower score doesn't automatically end your path — though individual schools may set their own minimums or screening criteria. What doesn't exist is a *universal* magic number. A "good" MCAT is simply one that's **competitive for the schools that fit your goals**, next to a strong overall application. Anyone turning one score into a universal cutoff — or a precise "% chance" — is oversimplifying. We won't.

My MCAT Read

You just learned the method. Fill this in and you've actually done it — the same honest read Preceptorly runs for you automatically. Print it, or screenshot and mark it up.

YOUR NUMBERS

My MCAT score

My percentile (look it up)

Schools I researched (aim 15–25)

WHERE I LAND VS. MY TARGET-SCHOOL MIDDLES

ABOVE

schools

NEAR

schools

BELOW

schools

MY HONEST TAKEAWAY

MY RETAKE DECISION — run it through the four questions on the last page

☐

Probably not

☐

Worth investigating

☐

Need more
information



That's the read. Doing it once is eye-opening. Doing it for 25 schools, and re-doing it every time your list changes, is the tedious part — which is exactly what **Preceptorly** does for you, kept current as your list and your application evolve.

The one-page version

Screenshot this. It's the whole guide in nine lines.

- **MCAT scores center around 500** — scoring below it is common and expected.
- **MD matriculants average ~512 / ~3.8 GPA; DO entering students ~503.** Averages, not minimums.
- **Know your percentile for context** (a 510 ~ 79th) — but your list matters more.
- **MCAT and GPA are read together** — context for each other, not a trade-off formula.
- **The MCAT x GPA grid shows group-level outcomes** — never an individual chance.
- **Judge your score against your school list's data** — and remember, median ≠ minimum.
- **Below most of your list?** That's a signal about your list or a retake — not about you.
- **Retake only if** you're below your list's range, have real evidence you'd rise, and it moves your list.
- **There's no universal magic number.** A good score fits the schools that fit you.

The question isn't *"Is my MCAT good?"*
It's *"What does my MCAT mean for the schools I'm actually considering?"*

- **Or skip the spreadsheet.** Everything you just learned to do by hand — pulling each school's real data, plotting your numbers, deciding what fits — is what **Preceptorly** does for you automatically, and keeps updated as your list and your application change. We built it because doing this manually is exactly this tedious.

Want this done for you — for your whole application, not just your MCAT?

Preceptorly is an honest medical-school admissions platform: your real numbers against real school data, your list pressure-tested, your application read as a whole — no fake odds, ever. We're launching soon.

Join the waitlist at preceptorly.ai

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