



**DREXEL UNIVERSITY
COLLEGE OF MEDICINE**

In the Tradition of Woman's Medical College of
Pennsylvania and Hahnemann Medical College™

*Paste Photo Here
(Optional)*

**Special Program Linkage
Supplemental Application**

2013

Undergraduate College/Program _____

1. Applicant Information:

Name

Last name	First name	Middle Initial

Social Security # - -

Mailing Address _____

Telephone # _____ E-Mail _____

Please check ☐ Male ☐ Female Birth Date ____/____/____ Age _____

2. High School Information

Name and Location of School	Telephone #	Date of Attendance	Self-Reported Cumulative GPA	Self-Reported Science and Math GPA

3. Class Rank:

Rank or Percentile	Total Number of Students

4. Please check **ALL** Programs applied to via Drexel University College of Medicine (including the one designated above - Item #1 - at the top of this page).

- | | | |
|--|---|--|
| <input type="checkbox"/> Drexel University BS/MD | <input type="checkbox"/> Lehigh University BS/MD | <input type="checkbox"/> Villanova University BS/MD |
| <input type="checkbox"/> Rosemont College BS/MD | <input type="checkbox"/> Rosemont College Early Assurance | <input type="checkbox"/> Ursinus College Early Assurance |
| <input type="checkbox"/> West Chester University Early Assurance | <input type="checkbox"/> Grove City College Scholars | <input type="checkbox"/> Robert Morris University Scholars |
| <input type="checkbox"/> Kean University Scholars | <input type="checkbox"/> Monmouth University Scholars | <input type="checkbox"/> Muhlenberg College Scholars |

- | Date | Critical Reading | Math | Writing | | Date | Score |
|------|------------------|------|---------|--|------|-------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Date	Subject	Score

- [illegible]

- | Organization Name | Position Held | Approximate Hours/Week | From (mm/yy) | To (mm/yy) | Check if held only during breaks from school |
|-------------------|---------------|------------------------|--------------|------------|--|
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

- [illegible]

9. List employment experiences in chronological order. Start with most recent:

Organization Name	Position Held	Approximate Hours/Week	From (mm/yy)	To (mm/yy)	Check if held only during breaks from school
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

10. List the name(s) of the science teacher/guidance counselor sending your letter(s) of recommendation:

Name	Subject

11. We are very interested in knowing if your parents, grandparents or siblings are alumni/alumnae.

Have your parents, grandparents or siblings earned or are in the process of earning an M.D. degree from Drexel University College of Medicine or its heritage institutions (Women's Medical College, Hahnemann University College of Medicine, Allegheny University of the Health Sciences or the Medical College of Pennsylvania). Also, please note if your parents, grandparents or siblings are employed by the College of Medicine or any of our affiliate hospitals:

Name	Relationship to You	School Attended by Alumna/us and Year M.D. Received	Affiliated Hospital Of Employment

12. Has your education to date been continuous other than vacations? ☐ Yes ☐ No

If No, use the space below or attach a separate sheet to this application to describe what you have done while out of school.

13. Have you ever been suspended or dismissed from school? ☐ Yes ☐ No

If yes, please describe below or attach a brief description to this application. (Each reported incident and its impact on suitability for admission to medical school will be reviewed individually).

14. Have you submitted your high school transcript with a profile of your high school? ☐ Yes ☐ No

If no, your application will not be considered complete.

15. Essay of Intent: (Please limit to one Page)

Tell the Admissions Committee why you are applying to the joint program(s) with Drexel University College of Medicine. Be sure to explain why you want to be a physician and more specifically why you want to obtain your medical education at Drexel University College of Medicine. If you are applying to any of our accelerated joint programs (i.e. those with only three years of college), be sure to explain why you are pursuing that particular option.

Disclaimer

I hereby certify that the information given by me on this application form and supporting credentials is complete and truthful. I understand that if any information furnished by me is found to be untrue, I may be denied admission, or if admission has been granted, I may be subject to disciplinary action, including dismissal from Drexel University College of Medicine.

Signature _____

Date _____