



**DREXEL UNIVERSITY
COLLEGE OF MEDICINE**

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

*Paste Photo Here
(Optional)*

**Early Assurance Linkage
Supplemental Application**

2008

Undergraduate Program Name _____

1. Name:

Last	First	Middle Initial

Social Security #

- -

Mailing Address

Telephone #

E-Mail

Please check ☐ Male ☐ Female

Birth Date ____/____/____ Age _____

2. Current Cumulative GPA: _____

3. If taken, MCAT exam dates and scores:

Date	Critical Reading	Math	Writing

SAT I scores in chronological order, starting with the most recent:

ACT Scores:

Date	Critical Reading	Math	Writing		Date	Score

SAT II scores in chronological order, starting with the most recent:

Date	Subject	Score

4. Current Undergraduate Courses:

Course Name	Grade

5. List medically related volunteer activities 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"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

6. List extracurricular, research, other volunteer, or community service activities in chronological order. Start with the 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"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

7. 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"/>

8. List the name(s) of the science teacher/advisor sending your Letter(s) of Recommendation:

Name	Subject

9. We are very interested in knowing if any of your relatives are alumni/alumnae.

If a member of your family is a graduate of the Woman's Medical College, Medical College of Pennsylvania, Hahnemann Medical College, MCP Hahnemann School of Medicine, or Drexel University College of Medicine, or if they are employed by any of our affiliated hospitals, please give the appropriate information:

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

10. 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.

11. 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).

12. Have you submitted your undergraduate transcript? ☐ Yes ☐ No

If no, your application will not be considered complete.

13. 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.

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 _____