



Pre-Medical Program | 750 S. Church Street, SSS 117 | West Chester University | West Chester PA 19383
610-436-2978 | email: pmed@wcupa.edu | www.wcupa.edu/premed

WCU PRE-MEDICAL PROGRAM APPLICATION

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Telephone No. (Cell): _____ (Home): _____

E-Mail Address: _____

Will you enter WCU this fall or spring as a (circle one): Freshman Transfer

If current WCU student: Student ID #: _____ Major: _____

How did you hear about the WCU Pre-Medical Program? _____

Career Goal (please place an X next to your choice):

_____ Medicine Osteopathic	_____ Optometry
_____ Medicine	_____ Physician's Assistant
_____ Dentistry	_____ Podiatry
_____ Veterinary Medicine	_____ Pathology Assistant
_____ Genetic Counseling	_____ Other

Alternative Field (second choice for career goal) _____

Academic Record

High School GPA: _____ High School Class Rank (e.g. 20/250): _____

SAT: Critical Reading _____ Math _____ Total _____

Other: _____

College GPA: _____ Intended College Graduation Year: _____

Please return application to Pre-Medical Program Office SSS 117

Or

Email completed application to pmed@wcupa.edu