



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): First year student or Transfer student

If you are a 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