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WEST CHESTER UNIVERSITY
POST BACCALUAREATE PRE-MEDICAL PROGRAM

APPLICATION INSTRUCTIONS AND INFORMATION

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West Chester University Post Baccalaureate Pre-Medical Program Requirements

- Minimum 3.20 GPA in your college course work.
- Your undergraduate degree is in a non-science major.
- You have not taken the required science courses.
- You have not taken the MCAT, GRE or similar professional school exam.

WCU's Post Baccalaureate Pre-Medical Program is not a remedial program to improve your GPA or MCAT score.

Required materials to be submitted with this application:

- Official transcripts from any college you have attended.
- A minimum of 2 letters of recommendation.
- A current resume.
- A 2-3 page autobiography, being sure to explain your decision to pursue a career in health care, and highlighting your activities and accomplishments to date.
- A current photo.

Financial Aid is not available for non-degree students (the Post Baccalaureate Pre-Medical Program is a non-degree, non-certificate program). If you are in need of Financial Aid, you must apply as a 2nd degree seeking student through Undergraduate Admissions in addition to completing this application.

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Please submit this completed form and all required materials to:

Stephen J. Zimniski, Ph.D.
Director, Pre-Medical Programs
750 South Church Street, SSS 117A
West Chester University
West Chester, PA 19383

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Pre-Medical Progam   Phone: 610-436-2978
750 S. Church Street, SSS 117A   Fax: 610-436-3277
West Chester University   e-mail: pmed@wcupa.edu
West Chester, PA 19383   www.wcupa.edu

Affiliate Post-Baccalaureate Program: Drexel University College of Medicine

WCU POST BACCALAUREATE PRE-MEDICAL PROGRAM APPLICATION

Name: _____

Address: _____

City, State, Zip: _____

Telephone No. (Day): _____   (Eve): _____

E-Mail Address: _____

High School: _____   College(s): _____

PA Resident?:_____   Years of Residency: _____

Citizenship: _____ U.S.Citizen   _____ Resident Alien   _____ Temporary Visa

Country (if not U.S.A): _____

When do you wish to begin classes at West Chester University?
(Please place an X next to your choice and fill in year.)

_____ Fall 20_____   _____ Spring 20_____   _____ Summer 20_____

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

West Chester University is required by federal and state agencies to collect the following data. This information is not part of the admissions process or decision. Please complete:

Birth Date: _____ / _____ / _____   Gender: O Male   O Female
                     Month   Day   Year

Ethnicity:

____ Black (Non-Hispanic)   ____ Hispanic/Latino   ____ Asian/Pacific Islander
____ Native American/   ____ White (Non- Hispanic)
        Alaskan Native

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

_____	Medicine	_____	Optometry
_____	Osteopathic Medicine	_____	Physician's Assistant
_____	Dentistry	_____	Podiatry
_____	Veterinary Medicine	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: _____   Other: _____

College Major: _____

College GPA: _____   College Graduation Year: _____

GRE: Verbal _____   Analytical _____   Quantitative _____

MCAT: Verbal _____   Physical Science _____   Biology _____   Writing _____

Please list on a separate sheet of paper the following:

- Awards, Honors

- Extra-Curricular Activities

- Health-care Experience, Work Experience, Projects

- Hobbies, Interests

Please address the following questions on a separate sheet of paper.

1. Why are you interested in a medical (dental, veterinary) career?

2. Have you had any experience(s), direct or indirect, that relate(s) to this interest? If so, describe them.

3. Of what accomplishment(s) are you most proud? Why?

4. If you were unable to gain admission to professional (medical, dental, veterinary) school, what kind of an alternative career might you possibly pursue?

I certify that I have answered all applicable questions, that all information is true to the best of my knowledge, and any deliberate falsifications or omission of application data will result in denial of admission or dismissal. I understand that that if all required information in order to complete my file is not received, the Pre-Medical Program reserves the right to withdraw my application.

Signature of Applicant: _____   Date: _____