



Pre-Medical Program
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West Chester University
West Chester, PA 19383

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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: ☐ Male ☐ 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: _____