

**WEST CHESTER UNIVERSITY  
POST BACCALUAREATE PRE-MEDICAL PROGRAM**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**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.

*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 2<sup>nd</sup> degree seeking student through Undergraduate Admissions in addition to completing this application.*

**Please submit this completed form and all required materials to:**

Teresa Donze-Reiner, Ph.D.  
Director, Pre-Medical Programs  
750 South Church Street, SSS 117A  
West Chester University  
West Chester, PA 19383



Pre-Medical Program  
750 S. Church Street, SSS 117A  
West Chester University  
West Chester, PA 19383

Phone: 610-436-2978  
Fax: 610-436-3277  
e-mail: pmed@wcupa.edu  
www.wcupa.edu

**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: \_\_\_\_\_