



Pre-Medical Program | 750 S. Church Street, SSS 117A | West Chester University | West Chester, PA 19383
610-436-2978 | fax: 610-436-3277 | e-mail: 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: _____

High School: _____ College(s): _____

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

Country (if not USA): _____

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 Medicine
_____ Dentistry
_____ Veterinary Medicine

_____ Optometry
_____ Physician's Assistant
_____ Podiatry
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 address the following questions on a separate page.

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?

Please submit the following with your application:

- **Current resume including:**
 - Awards, Honors
 - Extra-Curricular Activities
 - Health-care Experience, Work Experience, Projects
 - Hobbies, Interests
- **Personal Statement**
 - A one (1) page personal statement, being sure to present a compelling story of why you are pursuing a career in health care, and highlighting your most relevant activities and accomplishments to date. This statement should be updated yearly and ultimately used in your professional school application.
- **Current photo**

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