

**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.
- 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.

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



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

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

Affiliate Post-Baccalaureate Programs: Drexel University School of Medicine
 Temple 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): _____

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
_____ 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: _____ 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: _____