



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

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**WEST CHESTER UNIVERSITY – LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE  
 EARLY ACCEPTANCE PROGRAM  
 FALL 2010**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No. (Day): \_\_\_\_\_ (Eve): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Citizenship: \_\_\_\_\_ U.S.Citizen \_\_\_\_\_ Resident Alien Country (if not U.S.A.): \_\_\_\_\_

How did you hear about the WCU-LECOM Early Acceptance Program? \_\_\_\_\_

High School: \_\_\_\_\_

High School Academic Record

GPA: \_\_\_\_\_ Class Rank (e.g. 20/250): \_\_\_\_\_ SAT: Critical Reading \_\_\_\_\_ Math \_\_\_\_\_

**Please list on separate sheet of paper:**

- 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 career in osteopathic medicine?
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 osteopathic medical school, what kind of an alternate career might you possibly pursue?

**Please attach a current picture and 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.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please print and return this completed form to:**

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