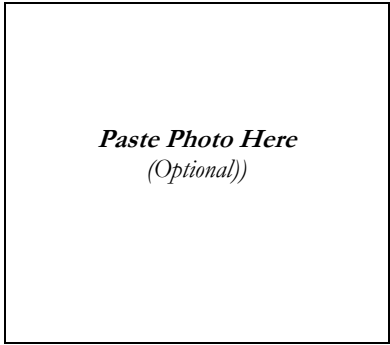




**DREXEL UNIVERSITY  
COLLEGE OF MEDICINE**

In the Tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College™



*Paste Photo Here  
(Optional)*

**Post Baccalaureate Linkage  
Supplemental Application**

2010

Post Baccalaureate Program Name \_\_\_\_\_

1. Applicant Information

Name

Last name	First name	Middle Initial

Social Security #    -   -

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Please check  Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

2. Undergraduate Information

Name and Location of School	Major	Date of Attendance	Self-Reported Cumulative GPA	Self-Reported Science and Math GPA

(Please make sure to send transcripts from your undergraduate college/university)

3. Current Cumulative Post Baccalaureate GPA: \_\_\_\_\_  
(Please make sure to send a transcript from your post baccalaureate program)

4. If taken, MCAT exam dates and scores:

Date	Critical Reading	Math	Writing



9. List the name(s) of the professor (s), advisor (s) sending your letter(s) of recommendation:

Name	Subject

10. We are very interested in knowing if any of your relatives are alumni/alumnae.

If a member of your family is a graduate of the Woman’s Medical College, Medical College of Pennsylvania, Hahnemann Medical College, MCP Hahnemann School of Medicine, or Drexel University College of Medicine, or if they are employed by any of our affiliated hospitals, please give the appropriate information:

Name	Relationship to You	School Attended by Alumna/us and Year M.D. Received	Affiliated Hospital Of Employment

11. Has your education to date been continuous other than vacations?  Yes  No

If No, use the space below or attach a separate sheet to this application to describe what you have done while out of school.

12. Have you ever been suspended or dismissed from school?  Yes  No

If yes, please describe below or attach a brief description to this application. (Each reported incident and its impact on suitability for admission to medical school will be reviewed individually).

13. Have you submitted your post baccalaureate and undergraduate transcripts ?  Yes  No

If no, your application will not be considered complete.

**14. Essay of Intent: (Please limit to one Page)**

Tell the Admissions Committee why you are applying to the joint program(s) with Drexel University College of Medicine. Be sure to explain why you want to be a physician and more specifically why you want to obtain your medical education at Drexel University College of Medicine.

***Disclaimer***

I hereby certify that the information given by me on this application form and supporting credentials is complete and truthful. I understand that if any information furnished by me is found to be untrue, I may be denied admission, or if admission has been granted, I may be subject to disciplinary action, including dismissal from Drexel University College of Medicine.

Signature \_\_\_\_\_

Date \_\_\_\_\_