



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

**WEST CHESTER UNIVERSITY – LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE
 EARLY ACCEPTANCE PROGRAM
 FALL 2011**

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**