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.

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:

Teresa Donze-Reiner, Ph.D.
Director, Pre-Medical Programs
750 South Church Street, SSS 117A
West Chester University
West Chester, PA 19383
WCU POST BACCALAUREATE PRE-MEDICAL PROGRAM APPLICATION

Name: ________________________________________________________________________
Address: ________________________________________________________________________
City, State, Zip: ________________________________________________________________________
Telephone No. (Day): ___________________________    (Eve): __________________________
E-Mail Address: _________________________________________________________________
High School: _______________________ College(s): ___________________________________
PA Resident?:______________________________________ Years of Residency: ________________
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:   O   Male   O   Female
Month  Day  Year

Ethnicity:
_____ Black (Non-Hispanic)   _____ Hispanic/Latino   _____ Asian/Pacific Islander
_____ Native American/ Alaskan Native  _____ White (Non- Hispanic)
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 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: _____________________