

Give the name(s) and relationship(s) of all relatives who graduated from PCOM. Please include

Date(s) of graduation: _____

How did you hear about our program? _____

COLLEGES AND UNIVERSITIES ATTENDED

(LIST MOST RECENT STUDY FIRST)

Graduate

Institution	Location	Dates of Attendance	Degree	Date degree awarded/anticipated
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Institution	Location	Dates of Attendance	Degree	Date degree awarded/anticipated
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Undergraduate

Institution	Location	Dates of Attendance	Degree
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Institution	Location	Dates of Attendance	Degree
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Institution	Location	Dates of Attendance	Degree
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Have you previously applied to PCOM? Yes No If so, when? _____

Supervised Practicum/Internship Experience: Please indicate your supervised experience taken as part of previous academic work.

Setting	# of clock hours	Supervisor (name, degree and field)
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Setting	# of clock hours	Supervisor (name, degree and field)
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Setting	# of clock hours	Supervisor (name, degree and field)
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Have you ever been placed on probation or dismissed for academic or disciplinary reason by a college or university? If yes, please elaborate below: YES NO

Have you ever been convicted, or is there now pending, any criminal prosecution against you that would constitute a misdemeanor or felony? YES NO

Note: You must request official copies of transcripts from all colleges and universities that you attended be sent directly to PCOM, Office of Admissions, 4170 City Avenue, Philadelphia, PA 19131-1694.

Occupational Information

List relevant work experience (e.g., professional, teaching, work study, co-op) beginning with the most recent. Include additional pages as necessary.

Position Title	Name and Address	Dates
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RECOMMENDATIONS

List the individuals acquainted with your academic and professional work who will be completing your recommendation forms. Recommendations from doctoral-level psychologists are preferred.

Name and Title

Address City State Zip Telephone

Name and Title

Address City State Zip Telephone

Name and Title

Address City State Zip Telephone

Activities:

List activities in national, regional and local professional, community and collegiate organizations.

Publications, theses, awards and creative work:

Certifications (include state and year):

Autobiographical Statement

All applicants must complete an autobiographical statement, two or three typed double-spaced pages in length, headed by full name and Social Security number. Your autobiographical statement must discuss your motivation to obtain the degree/certificate for which you are applying. Please include information regarding personal and career goals, dedication to human concerns, ability to interact effectively and why you are interested in PCOM.

Policy of Fairness and Equal Opportunity

Philadelphia College of Osteopathic Medicine subscribes to the principles and laws of the Commonwealth of Pennsylvania and the federal government pertaining to civil rights and equal opportunity, including Title IX of the 1972 Education Amendments and section 504 of the Rehabilitation Act of 1973.

PCOM policy prohibits discrimination on the basis of age, race, color, national or ethnic origin, sex, sexual preference, religion, disability or marital status. This policy applies in recruitment and admission of students, employment of faculty and staff and scholarship and loan programs. This policy is also followed in the operation of all other programs, activities and services of the College.

Evidence of practices inconsistent with this policy should be reported to the Director of Human Resources, who is the designated coordinator of PCOM's nondiscrimination program. Inquiries regarding compliance with the sex discrimination provisions of Title IX may also be directed to the Assistant Secretary for Civil Rights, Department of Education, Washington, DC. At the state level, one can contact the State Human Relations Commission, Harrisburg, Pennsylvania.

ALL APPLICANTS PLEASE READ AND SIGN

I hereby authorize PCOM and its representatives to consult with employers/managers/supervisors and academic institutions with which I have been associated who may have information bearing on my professional performance. I hereby release from any liability any and all individuals and organizations listed above who provide information to PCOM in good faith concerning my professional performance, educational credentials, ethics, character and other qualifications and I hereby consent to the release of such information.

All credentials in support of this application become property of PCOM and cannot be returned. I certify that all statements in this application are complete and true. False and/or omitted relevant information on this or any other application will result in immediate rejection of the applicant from the College if the applicant has been admitted.

Signature

Date

Please send completed application and non-refundable fee of \$50.00 to:

Philadelphia College of Osteopathic Medicine

Office of Admissions

4170 City Avenue

Philadelphia, PA 19131-1694

215-871-6700

800-999-6998

www.pcom.edu

gradadmissions@pcom.edu