

APPLICATION FOR ADMISSION

Plan to enroll in term: Fall, 20____ Winter, 20____ Spring, 20____
 Full time Part time

Applicant Data (please type or print clearly)

Social Security Number _____ - _____ - _____

Name _____ Last _____ First _____ Middle _____

Do you have educational materials under any other name? If so, please list.

Address: _____

City _____ State _____ Zip _____ Country _____

E-mail address: _____

Telephone: Home _____ Cell _____

Contact number during summer months _____

Date of Birth: _____ Place of Birth _____

Gender: Female Male

How do you describe yourself:

- Black (non Hispanic) American Indian or Alaskan Native White (non-Hispanic)
 Hispanic (choose only one) Asian or Pacific Islander (choose only one)
 Mexican (American or Chicano) Chinese Filipino Hawaiian
 Puerto Rican (Mainland) Korean Vietnamese Japanese
 Puerto Rican (Commonwealth) Indian or Pakistani Other Pacific Islander
 Other Hispanic Other Asian Southeast Asian
(other than Vietnamese)

Emergency Contact's
Name and Telephone _____

Veteran U.S. Citizen

Foreign Students: Country of Citizenship _____

Type of Visa _____

How did you hear about our program? _____

COLLEGES AND UNIVERSITIES ATTENDED

(LIST MOST RECENT STUDY FIRST)

Graduate

Institution	Location	Dates of Attendance	Degree
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Institution	Location	Dates of Attendance	Degree
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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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Standardized Test Scores

List all standardized tests taken, including the test date and scores received.

<input type="checkbox"/> MCAT	Date	Verbal	Writing	Physical Sciences	Biological Sciences
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

<input type="checkbox"/> GRE	Date	Verbal	Quantitative	Analytical
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

<input type="checkbox"/> DAT	Date	Score
	_____	_____
	_____	_____
	_____	_____

<input type="checkbox"/> OCAT	Date	Score
	_____	_____
	_____	_____
	_____	_____

Have you ever been placed on probation or dismissed for academic or disciplinary reasons 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? If yes, please elaborate below.

YES NO

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

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

RECOMMENDATION

List one person (pre-professional advisor or a science faculty member) acquainted with your academic and professional work who will be submitting a recommendation on your behalf.

Name and Title

Address

City

State

Zip

Telephone

Activities

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

Research

Please describe your scientific research experience or experience in biomedical sciences.

Autobiographical Statement

Please state briefly why you are applying to this program, what you expect to gain from the program and what you consider to be your long-term goals. (Please attached one page typed.)

Policy of Fairness and Equal Opportunity

Philadelphia College of Osteopathic Medicine policy prohibits discrimination on the basis of age, race, color, gender, national or ethnic origin, ancestry, sexual orientation, religion, creed, 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.

PCOM subscribes to the principles and adheres to the requirements of the state and federal law pertaining to civil rights and equal opportunity, in accordance with the requirements of Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended; and the Age Discrimination Act of 1975, as amended.

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.

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
800-999-6998
www.pcom.edu
admissions@pcom.edu