



Supplemental Admissions Application – 2008

Please type or print all information and responses clearly. Attach separate sheets where necessary.

NAME: _____ AACOMAS ID#: _____
(required)

E-MAIL ADDRESS: _____ SSN: _____
(optional)

Please attach a brief statement indicating why you wish to attend Philadelphia College of Osteopathic Medicine and why you want to become an osteopathic physician.

What health care related experiences have you had?

Give the name(s) and relationship(s) of all relatives who graduated from PCOM. Please include date(s) of graduation. Please check here if applicable.

If you are a reapplicant, what have you done since your last application to become a more competitive applicant?

Have you ever been convicted of a felony or misdemeanor (excluding parking violations)? If the answer is yes, please attach an explanation on a separate sheet.

Yes _____ No _____

Please send completed application and non-refundable fee of \$50 to the Office of Admissions.

The following credentials must be forwarded to the Office of Admissions no later than March 1.

(1) A letter of recommendation from the premedical committee or premedical advisor of the undergraduate college that granted or will grant a Bachelor's degree, regardless of your academic major, course of study or date of graduation. If that is not possible, a letter from your academic advisor or Dean of the same institution may substitute.

(2) Another letter of recommendation, preferably from an osteopathic physician is suggested but not required.

If you are applying to both the Philadelphia and Georgia campuses, please send separate materials in support of each application.

All credentials in support of this application become property of PCOM and cannot be returned. By signing this document, you certify that all statements in this application are complete and true. False and/or omitted relevant information on this or any other medical school application will result in immediate rejection of the applicant or dismissal from the college, if the applicant has been admitted.

Signature

Date

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. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration because of one of the above mentioned factors.

Date sent to applicant: _____

Date received: _____
(PCOM Office use only)