



CHECKLIST FOR APPLICANTS APPLYING TO THE DREXEL BA/BS/MD PROGRAM

All application materials for the combined undergraduate program at Drexel University and the accelerated BA/BS/MD program at the Drexel University College of Medicine are due by December 1.

All application materials should be sent to Drexel's Office of Freshman Admission unless otherwise noted.

- Drexel's Undergraduate Admission Application**
We encourage you to apply online at www.drexel.edu/ugapp. (You must submit an undergraduate application and copies of all application materials for each institution to which you are applying. Please refer to Question 4 of the supplemental application.)
- The College of Medicine Supplemental Application**
You may download a PDF of the application at www.drexel.edu/apply/bsmd.
- Undergraduate Admission Application Fee, \$75**
(waived if you apply on campus or online)
- College of Medicine Supplemental Application Fee, \$75**
If your application is forwarded to the College of Medicine Admissions Office, you will be required to submit an additional processing and activation fee of \$75. Once your completed application is forwarded to the College of Medicine, you will be notified via email — notifications are usually sent in January. Please do not send the processing fee with application materials to Freshman Admissions.
- Transcripts**
Official transcripts must be sent directly from your high school to Freshman Admissions. You are required to submit transcripts from each high school attended. Please include a list of your senior year coursework.
- Letters of Recommendation**
Two letters of recommendation are required. Recommendation letters must be from a high school counselor or a science teacher. We suggest submitting letters of recommendation electronically at www.drexel.edu/apply/recommend. Recommendations on official letterhead will also be accepted.
- Standardized Test Scores**
You must take either the SAT or ACT and request that the results be forwarded to Freshman Admissions. All students should use the following codes to send score reports to Drexel: SAT 2194 or ACT 3556.
- Track Your Application Status**
You can monitor the progress of your application using the Discover Drexel Portal. By logging onto Discover Drexel, you can receive important status updates about your admission application. Discover Drexel will only provide information related to freshman admission — it will not give details about the BA/BS/MD selection process. Visit <http://discover.drexel.edu> and enter your login information. Your login information will be included on your application acknowledgement letter.
- File the FAFSA**
We encourage you to apply for financial aid by completing the Free Application for Federal Student Aid (FAFSA). The earliest you can submit the form is January 1, 2010. Incoming freshmen are strongly encouraged to file the FAFSA no later than March 1, 2010. The FAFSA can be found at www.fafsa.ed.gov.

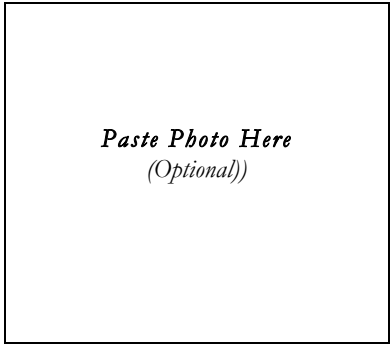
SUBMIT ALL APPLICATION MATERIALS TO DREXEL UNIVERSITY FRESHMAN ADMISSIONS

- We encourage you to fax your College of Medicine Supplemental Application to 215-895-5939.
- You may also email your College of Medicine Supplemental Application to medsupapp@drexel.edu.
- Alternatively, you may mail your College of Medicine Supplemental Application to:
Drexel University
BA/BS/MD Application Processing
PO Box 34789
Philadelphia, PA 19101-2876



**DREXEL UNIVERSITY
COLLEGE OF MEDICINE**

In the Tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College™



*Paste Photo Here
(Optional)*

**Special Program Linkage
Supplemental Application**

2010

Undergraduate Program Name _____

1. Applicant Information:

Name

Last name	First name	Middle Initial

Social Security # - -

Mailing Address _____

Telephone # _____ E-Mail _____

Please check Male Female Birth Date ____/____/____ Age _____

2. High School Information

Name and Location of School	Telephone #	Date of Attendance	Self-Reported Cumulative GPA	Self-Reported Science and Math GPA

3. Class Rank:

Rank or Percentile	Total Number of Students

4. Please check **ALL** Programs applied to via Drexel University College of Medicine (including the one designated above - Item #1 - at the top of this page).

- | | | |
|---|--|--|
| <input type="checkbox"/> Drexel University BS/MD | <input type="checkbox"/> Lehigh University BS/MD | <input type="checkbox"/> Villanova University BS/MD |
| <input type="checkbox"/> Rosemont College BS/MD | <input type="checkbox"/> Kean University Scholars | <input type="checkbox"/> Monmouth University Scholars |
| <input type="checkbox"/> Muhlenberg College Scholars | <input type="checkbox"/> Robert Morris University Scholars | <input type="checkbox"/> Wilkes University Scholars |
| <input type="checkbox"/> Rosemont College Early Assurance | <input type="checkbox"/> Ursinus College Early Assurance | <input type="checkbox"/> West Chester University Early Assurance |
| <input type="checkbox"/> Rutgers University Scholars | | |

9. List employment experiences in chronological order. Start with most recent:

Organization Name	Position Held	Approximate Hours/Week	From (mm/yy)	To (mm/yy)	Check if held only during breaks from school
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

10. List the name(s) of the science teacher/guidance counselor sending your letter(s) of recommendation:

Name	Subject

11. We are very interested in knowing if any of your relatives are alumni/alumnae.

If a member of your family is a graduate of the Woman’s Medical College, Medical College of Pennsylvania, Hahnemann Medical College, MCP Hahnemann School of Medicine, or Drexel University College of Medicine, or if they are employed by any of our affiliated hospitals, please give the appropriate information:

Name	Relationship to You	School Attended by Alumna/us and Year M.D. Received	Affiliated Hospital Of Employment

12. Has your education to date been continuous other than vacations? Yes No

If No, use the space below or attach a separate sheet to this application to describe what you have done while out of school.

13. Have you ever been suspended or dismissed from school? Yes No

If yes, please describe below or attach a brief description to this application. (Each reported incident and its impact on suitability for admission to medical school will be reviewed individually).

14. Have you submitted your high school transcript with a profile of your high school? Yes No

If no, your application will not be considered complete.

15. Essay of Intent: (Please limit to one Page)

Tell the Admissions Committee why you are applying to the joint program(s) with Drexel University College of Medicine. Be sure to explain why you want to be a physician and more specifically why you want to obtain your medical education at Drexel University College of Medicine. If you are applying to any of our accelerated joint programs (i.e. those with only three years of college), be sure to explain why you are pursuing that particular option.

Disclaimer

I hereby certify that the information given by me on this application form and supporting credentials is complete and truthful. I understand that if any information furnished by me is found to be untrue, I may be denied admission, or if admission has been granted, I may be subject to disciplinary action, including dismissal from Drexel University College of Medicine.

Signature _____

Date _____