



Drexel University College of Medicine

In the tradition of Woman's Medical College of
Pennsylvania and Hahnemann Medical College

Office of Professional Studies in the Health Sciences

Master of Science in Pathologists' Assistant (PathA) and

Master of Science in Histotechnology (MHP) Programs

Application Checklist

- ☐ 1. **The Application** — Complete pages 5-7 in their entirety following the specified instructions. Answers to Question #14 are to be attached to the END of the application.
- ☐ 2. **The Application Fee** — U.S. \$65.00 made payable to “Drexel University.”

Additional materials to be completed by others and sent by them directly to the Office of Professional Studies in the Health Sciences at the address below.

- ☐ 3. **Official Transcripts** (from all colleges and universities attended or where coursework was attempted/taken)
- ☐ 4. **References**-(minimum of 3): Two letters must be from faculty who have taught you a course.
- ☐ 5. **Official GRE Score Report(s)**. Our school code is 2194 and department code is 0215.

Suggestions to Applicants for Facilitating the Application Process

- Apply well in advance of the application deadline.
- Request supporting documents such as transcripts, test scores, and reference letters as soon as possible.
They may take longer to be received than you expect. Photocopies cannot substitute for official test scores or transcripts.
- When contacting the University, always put your Social Security Number on your correspondence.
It will be easier to quickly match your letter with our file if this information is included.

Mail your completed application and all supporting documentation to:

Office of Professional Studies in the Health Sciences

Admissions

Drexel University College of Medicine

Mail Stop 344, Room 4104 NCB

245 North 15th Street

Philadelphia, PA 19102-1192

Drexel University College of Medicine

Office of Professional Studies in the Health Sciences — 215-762-4692

Application for Admission - Office of Professional Studies in the Health Sciences

Application Deadline

The deadline to apply to the PathA program is the second Friday in February. The application deadline date for submitting the MHP application is the second Friday in June. It is your responsibility to ensure that all application materials required for evaluation are received by the Office of Professional Studies in the Health Sciences before the application deadline date. You will receive e-mail messages notifying you of your application status. If you find a discrepancy from what is listed on the emails and what you believe to be accurate regarding your application, please call to discuss your concerns with the admissions counselors at (215) 762-4692.

Application Information

Acceptance for graduate study at Drexel University requires a bachelor's degree from an accredited institution in the United States or an equivalent international institution. Applicants are required to submit Graduate Record Examination (GRE) General Test scores. A non-refundable application fee of U.S. \$65.00 is required of all applicants. The check or money order must be drawn on a U.S. bank and made payable to Drexel University. The application and supporting material must be received no later than the program application deadline date. If necessary, use an overnight delivery service to ensure the arrival of the application in a timely manner. Applications will only be reviewed when complete. **Applications are considered complete ONLY when the program receives all official transcripts, official standardized test scores, and all letters of reference.** The Admissions Committee evaluates all credentials submitted by applicants to determine a student's ability and potential to succeed in graduate study. Applicants will be accepted on a rolling admissions basis. Acceptance notification will be sent in the mail and applicants must respond in writing within 10 business days along with a \$500.00 deposit to hold a seat in the program. The NON-REFUNDABLE deposit will be applied toward your tuition.

INTERNATIONAL STUDENTS

It is the policy of the Office of Professional Studies in the Health Sciences that all applicants with foreign degrees will have their transcripts evaluated by the World Education Services (WES). They provide a credential evaluation service. You can visit their website www.wes.org for further information and instructions.

It is also the policy of the Office of Professional Studies in the Health Sciences that all applicants from foreign countries will take the Test of English as a Foreign Language (TOEFL) exam as well as the Graduate Record Examination (GRE). You can visit the Educational Testing Site (ETS) at www.ets.org for further information and instructions for both of these exams.

SUBMITTING OFFICIAL TRANSCRIPTS

Official transcripts from all colleges and universities as well as professional schools attended, or where coursework was taken or attempted, are required for application to the program. A transcript request form is included in this application and may be completed and forwarded to your college or university registrar in order to request transcripts. Transcripts must be signed by the registrar and sealed in an envelope in order for it to be considered official. In addition, applicants currently taking classes are required to submit a copy of their current registration form. Upon completion of these courses, applicants are required to submit an updated transcript showing the degree received and the date the degree was conferred. Only a transcript showing the conferred degree date will be considered final and must be submitted prior to matriculation.

FINANCIAL AID

The Financial Aid Office plays an integral role in administering a variety of scholarship, grant, loan and employment programs. They aim to assist and counsel students and families in identifying the necessary financial resources required to further reduce student debt. Their goal is to serve and meet the needs of our students in the most expedient and efficient manner possible.

All students must complete the Free Application for Federal Student Aid (FAFSA) and the Institutional Financial Aid Application in order to be considered for any financial aid from the University. The FAFSA deadline is May 1 prior to the academic year for which funds are needed. However, March 1 is the preferred submission date and students can file as early as January 1. The most efficient way to file the FAFSA is via the internet at: www.fafsa.ed.gov. Students will need the FAFSA pin in order to electronically sign the FAFSA. All continuing students that cannot locate their FAFSA pin, please log onto www.pin.ed.gov as soon as possible. To add, all students must place Drexel's school code: 003256 on the FAFSA in order for it to be received by the University. Students will be notified via mail if additional Financial Aid requirements are needed. Feel free to contact the Drexel University College of Medicine-DUCoM Office of Financial Aid with questions/concerns.

Drexel University College of Medicine-DUCoM
Office of Financial Aid
2900 Queen Lane, Suite G27
Philadelphia, PA 19129
Office#: 215-991-8210
Fax#: 215-843-5243
ASK DREXEL: <https://ask.drexel.edu>

HOUSING

On Campus Housing is available at Stiles Alumni Hall which provides housing for single graduate and post baccalaureate students of Drexel University and Drexel College of Medicine. The Hall contains one, two, and three bedroom unfurnished apartments. Each student is given their own bedroom, but will share a kitchen, bathroom and living space. The bedrooms are carpeted and each room has temperature control, cable, local phone service, and internet access. Additional information and applications are available online on line at <http://www.drexel.edu/housing/halls/Stiles/>.

APPLICATION INSTRUCTIONS

Complete pages 5-7 in their entirety following the specified instructions.

6. Information on your country of citizenship and residency status are required for immigration purposes. If you are a permanent resident, enclose a photocopy of both sides of your alien registration card.

3., 7. and 8. Answering these questions is optional and your answers will not affect the evaluation of your application. These questions will aid the University in determining how well it is complying with affirmative action legislation.

9. For all tests, indicate when you took the test or when you plan to take it. List all GRE scores starting with the most recent score on top.

10. Check all appropriate boxes regarding how you heard about the program.

11. Two letters of evaluations must come from professors who have instructed a class in which you received a grade. One additional letter who can attest to your character is also required.

12. List all colleges, universities, graduate, and professional schools attended, or where coursework was attempted or taken, in chronological order with the most recently attended first. Have official transcripts from all colleges, universities, graduate, and professional schools attended forwarded to our office (see Submitting Official Transcripts).

13. Only a mother, father, grandparent, or sibling who has graduated from the Medical College of Pennsylvania, Hahnemann Medical College, MCP Hahnemann University or Drexel University is considered an alumnus. If you have questions about completing this application, please contact the Office of Professional Studies in the Health Sciences at (215) 762-4692 or medsciences@drexelmed.edu.

14. Answers to this question are to be written in essay format and attached to the END of the application.

15. In chronological order, list all mathematics and science courses in which you have enrolled at the undergraduate, post-baccalaureate, graduate, and professional school level at any U.S., U.S. Territorial or Canadian postsecondary institution, regardless of whether credit was earned for the course.

Be sure to calculate your undergraduate, post-baccalaureate, graduate science GPAs separately. Duplicate and attach additional sheets if necessary in order to list all courses. Please note the following specific instructions:

- **Semester/Term Taken:** List the courses in the order in which they appear on the official transcript, (ex. Fall '13). Include all repeated courses as well as courses that you have withdrawn from, even if you have never retaken the course.
- **BCPM:** Indicate whether the discipline was a Biology (B), Chemistry (C), Physics (P), or Mathematics (M) course. Use only one code for each course.
- **Course Name:** Write the complete and proper title of the course as is referenced on your transcript.
- **Grade:** List the grade received for each course, making sure to list and indicate any courses that were pass/fail or satisfactory/unsatisfactory, as well as repeat courses.
- **Grade Weight:** When calculating the GPA, determine the weight for each grade. (A = 4 points, B = 3 points, C = 2 points, D = 1 point, F = 0 points). For courses in which you have received a + or - grade subtract .3 for a - and add .3 for a + (ex. A- = 3.7, B+ = 3.3, etc.)
- **Credit Hours:** List semester credits for each course taken. To convert quarter hours to semester hours, multiply each quarter hour by 0.67 to get semester hours.
- **Quality Points:** In order to calculate the Quality Points (QPTS) for each course, multiply the designated grade weight with the Credit Hours (ex. for a 3 credit course and a B+ grade, the grade weight = 3.3 and the Credit Hours = 3. The calculation: $3.3 \times 3 = 9.9$ Quality Points). If you have questions about completing this application, please contact the Office of Professional Studies at (215) 762-4692. You may also e-mail your questions to medsciences@drexelmed.edu.

Access Privileges and Property Rights

Drexel University abides by the provisions of Public Law 93-380: Family Educational Rights and Privacy Act, which gives the students the right to examine any admissions file that becomes part of his or her permanent educational record. It is important to understand that applicants for admission are not granted rights under this legislation. However, once an applicant for admission becomes a student by enrolling in and attending Drexel University, any admissions documents that become part of the student's permanent educational record become available to the student for review. Applicants should understand that only the college or university transcript, standardized test score reports, and those portions of the application generated by the student will become part of the student's

education record upon enrollment. No other information or material gathered or submitted in the admissions process will be retained as part of the student's educational record. Therefore, letters of recommendation or evaluation provided by an individual as part of this application do not become part of the student's education record and will not be available for the student's review. All documents that you submit, or that are submitted on your behalf, in support of this application for graduate admission to Drexel University become the property of Drexel University and will under no circumstances be released to you or any other party. In accordance with the provisions of the Family Educational Rights and Privacy Act, all admissions decisions are given to the applicant only, in the form of a decision letter from the Office of Professional Studies in the Health Sciences.

Equal Opportunity Policy

It is the policy of Drexel University to provide a working and learning environment in which employees and students are able to realize their full potential as productive members of the Drexel community. To this end, Drexel University affirms its commitment to equal opportunity and nondiscrimination in employment and education for all qualified individuals regardless of race, religion, color, national origin, sex, age, sexual preference, disability, or applicable veteran status. Furthermore, Drexel University pledges to act affirmatively in providing access to employment, benefits, facilities, and other University administered programs to women and members of ethnic and racial minorities in recognition of the many benefits that accrue to the University as a result of their diverse experiences, cultural heritage, and perspectives that enrich the University learning experience. All Drexel University employees, administrators, faculty, and staff, as well as the students, are expected to cooperate fully in meeting these legal and ethical obligations.

Application for Admission – Master of Science in Pathologists' Assistant Program and/or Master of Science in Histotechnology Program

Please read the complete instructions carefully before starting the application. TYPE OR PRINT IN BLACK OR BLUE INK ONLY.

- Return this application form, accompanied by all required documents and the non-refundable U.S. \$65.00 processing fee payable to Drexel University, to the Office of Professional Studies in the Health Sciences, Drexel University College of Medicine, Attention: Admissions, Mail Stop 344, Room 4104 NCB, 245 North 15th Street, Philadelphia, PA 19102-1192
- It is your responsibility to ensure that all requested credentials are received before the application deadline date.
- Check the block for which program you are applying: ☐ PathA Philadelphia ☐ PathA Sacramento ☐ MHP

1. Social Security #

2. Name ☐ Mr. ☐ Ms. Last First Middle

3. Date of Birth month / day / year

4. Current Mailing Address

City/State/Zip

Day Phone

Evening Phone

Date when Current Mailing Address may expire

5. Permanent Mailing Address

City/State/Zip

Phone

Email Address(es)

6. Are you a U.S. citizen or permanent resident? ☐ Yes ☐ No Dual citizen? ☐ Yes ☐ No

List any non-US countries of citizenship

Are you a permanent resident of the US? ☐ Yes ☐ No

If yes, list your Alien registration #

Visa Type

7. What is your gender? ☐ Male ☐ Female

8. What race or ethnicity best describes you? Choose ONLY one.

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American (non-Hispanic) |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Cuban American | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Indian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Mexican American | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Puerto Rican Amer-Commwlth | <input type="checkbox"/> Puerto Rican American-Mainland |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | <input type="checkbox"/> Other, please specify |

9. Applicants are required to have ALL official test results forwarded to the Office of Professional Studies in the Health Sciences.

List most recent scores first.

GRE/Gen Date Verbal Quantitative Analytical Writing

GRE/Gen Date Verbal Quantitative Analytical Writing

GRE/Gen Date Verbal Quantitative Analytical Writing

10. Please tell us how you heard about the Path A or MHP Program.

- | | | |
|---|---|--|
| <input type="checkbox"/> Drexel Alumni Referral | <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Premed Club |
| <input type="checkbox"/> Program Brochure | <input type="checkbox"/> Poster | <input type="checkbox"/> Internet |
| <input type="checkbox"/> College Counselor/Advisor | <input type="checkbox"/> Someone Working in the Field | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> National Professional Organization | <input type="checkbox"/> College Fair | |

11. Letters of evaluation are being sent on my behalf from the following science faculty who instructed a class in which I received a grade and one professional regarding my character.

Name _____
Name _____
Name _____

12. Provide a complete list of all colleges and universities attended in chronological order, MOST RECENT FIRST:

Institution and Address (City/State)	Dates Attended (from Month/Year to Month/Year)	Major	Degree Granted	Date (Month/Day/Year)

13. Are you related to any Alumni or Faculty of Drexel University? ☐ Yes ☐ No

If yes please complete the following information on the individual.

Name _____
Degree/Year _____
Relationship _____

14. Please complete the required supplementary information. Provide explanations in short essay form on a separate sheet of paper and attach it to this application.

- Has your education been continuous other than vacations? Check one: ☐ Yes ☐ No If no, please indicate what you have done while out of school or since graduation.
- Were you ever the recipient of any action (i.e. dismissal, disqualification, suspension, etc.) by any college or medical school for: (1) unacceptable academic performance or (2) conduct violations? Check one: ☐ Yes ☐ No If yes, please explain.
- Have you ever received any misdemeanors or felonies? ☐ Yes ☐ No If yes, please explain.
- Discuss any college honors, awards, and research activities.
- Describe any extra-curricular, volunteer and community activities in which you have participated.
- Chronologically list your post-secondary history in reference to part-time and full-time employment.
- Please submit the following self assessment essays:
 - Discuss personal goals, conditions or career applications that motivate you to pursue graduate studies at Drexel University College of Medicine.
 - What are your most important accomplishments?
 - What do you expect to achieve through this program?

Grade Point Averages:

Undergraduate Math/Science GPA _____

Post-Bacc. Math/Science GPA _____

Graduate Math/Science GPA _____

16. 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. I also affirm that I have read and that I understand the Information and Application Instructions.

Signature of Applicant _____ Date _____

Transcript Request Form for the Office of Professional Studies in the Health Sciences

Applicant: Please fill in this form and forward to the registrar of your college or university. You may photocopy this form if you attended more than one institution. Note that some institutions charge a fee for this service.

Applicant's Name

Last

First

Middle

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Social Security/ID Number

Date of Birth _____ Date of Enrollment _____ to _____ Degree and Date _____
month day year

I hereby authorize the release of this transcript of my academic record to Drexel University's Office of Professional Studies in the Health Sciences.

Signature

Registrar: The above named person is applying for graduate admission to Drexel University's Office of Professional Studies in the Health Sciences.

Please mail official transcript to:

Office of Professional Studies in the Health Sciences Drexel University College of Medicine Room 4104 NCB Mail Stop 344, 245 N. 15th Street Philadelphia, PA 19102-1192
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It is your responsibility to ensure that we receive all documents by the application deadline date.