

Drexel University College of Medicine

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



College of Medicine Transfer Application

I am applying for the _____ **Second Year** _____ **Third Year**

1. Name _____
Last First Middle Initial

2. Permanent Mailing Address _____

City

State

Zip Code

3. Country _____ 4. E-mail address _____

5. Telephone _____ 6. Gender _____ Male _____ Female

7. Date of Birth _____ 8. Social Security # _____

9. State of Legal Residence _____ 10. Citizenship (Country) _____

11. Race Information (Optional) Please check the appropriate description.

Caucasian (White) _____ Black or African American _____

American Indian or Alaskan Native (please specify the name of enrolled tribe) _____

Native Hawaiian or other Pacific Islander (please describe) _____

Asian (please describe) _____ Puerto Rican _____

Spanish/Hispanic/Latino/Latina _____

Cuban _____ Mexican, Mexican American, Chicano/Chicana _____

12. MCAT's are required for transfer to Drexel University College of Medicine.

| Date Taken | Verbal Score | Physical Score | Writing Score | Biological Score |
|------------|--------------|----------------|---------------|------------------|
| | | | | |
| | | | | |
| | | | | |

13. List in chronological order, each institution attended. Transcripts must be submitted from all schools attended.

| Name and Location of School | Dates of Attendance | Program Level* | Major | Degree Granted or Expected (with date) | Self-Reported Cumulative GPA | Science GPA |
|-----------------------------|---------------------|----------------|-------|--|------------------------------|-------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

*Please specify junior college, undergraduate, post-baccalaureate undergraduate, graduate, or medical/dental school

14. Have you applied to Drexel University College of Medicine before?
 Yes_____ No_____ What year(s) _____

15. In what extracurricular, community research or vocational activities have you participated in college or medical school: (Include offices held.)

| Organization Name | Position Held | Approx. Hrs./Week | Time Period |
|-------------------|---------------|-------------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

16. What honors have you received while in college or medical school? (Include honorary societies.)

17. Have you been employed during the regular medical school year?
 Yes_____ No_____

18. If yes, specify type of work and approximate hours per academic year.

24. Were you ever the recipient of any action (e.g., dismissal, disqualification, suspension, etc.) by any college of medical school for: (1) unacceptable academic performance or (2) conduct violation? _____ Yes _____ No

If YES, please explain:

25. Pennsylvania residents or applicants considering obtaining a license to practice medicine in the State of Pennsylvania:

Have you ever been convicted of a felony under the Act of April 14, 1972 (P.L. 233, No. 64) known as the Controlled Substance, Drug, Device and Cosmetic Act, or of an offense under the laws of another jurisdiction which, if committed in the Commonwealth of Pennsylvania, would be a felony under the Controlled Substance, Drug, Device and Cosmetic Act? _____ Yes _____ No.

If YES, please explain:

26. Please indicate below the names of the individuals from whom we will be receiving letters of recommendation. It is required that these letters include references from the Premedical Advisory Committee of your undergraduate school, the Dean of Students of your medical school and two faculty members who can evaluate your postgraduate studies or other experience.

27. USMLE STEP 1 EXAMINATION SCORE _____ Date Taken _____

28. Briefly state your reasons for applying for admission with advanced standing to Drexel University College of Medicine:

29. Give a brief outline of your career goals:

I certify that all of the information I have provided is true and accurate. I understand that any incorrect or misleading information I have provided can be grounds for rejection of my application, or for dismissal from the College of Medicine if discovery occurs after an acceptance has been offered.

Signature_____

Date_____

Please submit the application and all supporting materials by May 15th to 2900 Queen Lane, Philadelphia, PA 19129, Office of College Admissions.

Office of Admissions • 2900 Queen Lane, Philadelphia, PA 19129 • Phone (215) 991-8202 • Fax (215) 843-1766
Email medadmis@drexel.edu • www.drexel.edu/med