



DREXEL UNIVERSITY
College of
Medicine

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 service, research or vocational activities have you participated in during college or medical school: (Include offices held.)

Organization Name	Position Held	Approx. Hours/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.

19. Please list all medical school courses and grades.

Medical Course	Grade	In Progress/To Be Taken

20. If needed, describe any special grading system procedures at your medical school.

21. Describe any clinical experience you had in addition to formal courses in history taking and in physical diagnosis.

Location	Dates	Number of Patient Contacts	Description

22. Has your education to date been continuous other than vacation?

_____Yes_____No

If NO, indicate what you have done while out of school:

23. Have you ever been suspended or dismissed from school or convicted of a crime?
_____Yes_____No

If YES, please explain or attach a brief description to this application.

24. 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 or attach a brief description.

25. 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.

26. USMLE STEP 1 EXAMINATION SCORE_____Date Taken_____
(Please send a copy of the score report along with your application.)

27. USMLE STEP 2 EXAMINATION SCORE_____Date Taken_____
(Please note that Step 2 scores are not required for transfer admission. However, if you have taken them, please report the scores and send us a copy.)

28. Briefly state your reasons for applying for admission with advanced standing to Drexel University College of Medicine (Attach a separate page if necessary):

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 Drexel University College of Medicine, Office of Admissions, 2900 Queen Lane, Philadelphia, PA 19129.

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