



DREXEL UNIVERSITY

College of  
**Medicine**

**Graduate School of Biomedical Sciences  
and Professional Studies**

*Master of Science in Medical and Healthcare Simulation*

## **Admissions Checklist**

*Please note, all items must be submitted before the application will be reviewed by the admissions committee.*

### **Application:**

Complete and submit the online application at

[https://duoapp.secure.force.com/osa\\_selfregistration\\_v2?token=J0YJg%252BvxiVSDLEsXz%252BFTDVoF4jWPj%252F4hlzxZEKHZJGYqh6DIMwN%252FFkdunvVD7GutNwe5JDdpqN%252FxlP5Q3uGgQ%253D%253D](https://duoapp.secure.force.com/osa_selfregistration_v2?token=J0YJg%252BvxiVSDLEsXz%252BFTDVoF4jWPj%252F4hlzxZEKHZJGYqh6DIMwN%252FFkdunvVD7GutNwe5JDdpqN%252FxlP5Q3uGgQ%253D%253D)

### **Application Fee: \$65**

Submit online payment at <https://www2.drexelmed.edu/pshspayments/>

### **Official Transcript:**

Official transcripts from all colleges, universities and professional schools where coursework was taken must be signed by the registrar and sealed in an envelope. Send to:

*Office of Professional Studies in the Health Sciences  
245 N. 15<sup>th</sup> Street  
NCB, MS 344  
Philadelphia, PA 19102*

### **Standardized Test Scores:**

All standardized test scores, including GRE, MCAT, OAT or DAT, must be submitted if taken. For the GRE, contact the Educational Testing Service for a copy of the test results to be submitted to Drexel University, school code 2194. MCAT test scores must be electronically submitted via the AAMC web site. Select "Send All My Scores" and choose "Other Schools and Programs". From the pull down menu, select "Drexel Medical Science Programs" in order to ensure that the scores are retrieved by our office.

### **Information Release:**

Download, sign and scan in the information release form located on the MSMS website ([http://www.drexelmed.edu/drexel-pdf/program-medical-simulation/medical\\_healthcare\\_simulation\\_student-release-consent\\_2013-12-04.pdf](http://www.drexelmed.edu/drexel-pdf/program-medical-simulation/medical_healthcare_simulation_student-release-consent_2013-12-04.pdf)). This form gives consent for completion of a background check, professional license and reference verification. Email the signed document to [MSsim@drexelmed.edu](mailto:MSsim@drexelmed.edu).