

Prospective Pre-Medical Student Application

Please Note: Acceptance to the Program in Premedical Studies as a Prospective, Pre-Medical Student does not guarantee formal acceptance to the Program. This application will be reviewed at the end of the academic year to determine your eligibility for formal acceptance. You must also attach to this application a one-page personal statement (of at least three paragraphs) defining why you are interested in pursuing a career in medicine (or dentistry, veterinary medicine, optometry, etc.)

NAME: _____ ID Number _____
Last name, first name

How long have you been attending City College? _____

What is your academic standing? (e.g. freshman, sophomore, etc.) _____

Mailing/Home Address:

Number Street Apt. Number

City State Zip Code

Area Code Phone Number Email Address (required)

High School: _____

City: _____

What science courses did you take in high school? _____

Vocational Objective: Physician _____
Dentist _____
Veterinary medicine _____
Optometrist _____
Doctor of Osteopathic Medicine _____
Doctor of Podiatric Medicine _____

Major: _____
(bio., chem., history, English, etc.)

Expected date of graduation (or completion of requirements): _____

Signature

Date

Please prepare a personal statement of one page outlining why you are interested in pursuing a career in medicine (or dentistry, veterinary medicine, optometry, etc.)

Your statement should be at least three paragraphs. Thank you.