Must be postmarked or submitted no later than January 2, 2014.

Select an entry point option:

3+4 Year Option -- For Medical School entry in July 2017	☐
4+4 Year Option -- For Medical School entry in July 2018	☐

First Name:		Last Name:	
Date of Birth: mm/dd/yyyy		Gender:	Select One
Racial/Ethnic self-description:			

Residence:

Permanent mailing address:					
City:		County:		State:	
Zip Code:					

Contact Information:

Permanent Phone Number:	
Cellular Phone Number:	
E-mail Address:	

International Students:

Country of Citizenship:		VISA type if applicable:	

Parent/Guardians:

Name(s) First and Last:	Living:		Education Level:	Occupation:
	YES ☐	NO ☐		
	YES ☐	NO ☐		

Education and Previous Experiences

Have you worked or volunteered during college or high school?	YES ☐	NO ☐
If yes, how many hours per week?	Select One	

List the high school(s) and any college or university you have attended, in addition to Ohio Dominican University.

Name:	Dates:	Major:	GPA:	Hours/Degree Earned:

Have you ever been the recipient of institutional action (i.e. academic probation, conduct violations, issues of academic integrity)?	YES ☐	NO ☐
If yes, please explain.		

In the following table, list your most important activities outside the classroom that have prepared you for a career as a physician.

List your experiences including: volunteer activities, community service, paid work experience, organizations, clubs, research activities, presentations, tutoring, etc. **Describe** what you did in a few sentences.	Dates:	Hours per Week:

Personal Statement

Please provide a personal statement of 3000 words or less discussing why you wish to pursue a career as an osteopathic primary care physician.

Background History

Have you ever been convicted of, or pleaded guilty to, any criminal offense other than a minor traffic violation?	Select One
If yes, please give an explanation with full details including facts and disposition of case.	

Certify and Sign

I certify that the information submitted to Ohio Dominican University and Ohio University Heritage College of Osteopathic Medicine is complete and correct to the best of my knowledge. I understand that ODU and OU-HCOM will use this information to make a conditional acceptance decision. Errors of fact may result in the reversal of a favorable decision by the school. I also certify that if any pertinent changes occur relevant to my application, I will notify the school in writing within 30 days.

_____ _____

Signature *Date*

Submit this application, a letter of recommendation from a science teacher familiar with your academic work and a letter of recommendation from a physician or medical care provider. Application materials must be postmarked by January 2, 2014 and sent to:

Ms. Nicole Evans, M.B.A
Director of Admissions
Ohio Dominican University
1216 Sunbury Road
Columbus, Ohio 43219
FAX: 614.251.0156
evansn@ohiodominican.edu

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