



Early Assurance Program Application

Due: January 20, 2016, for Medical School Entry in July, 2020

<i>Name</i>	
<i>Permanent mailing address</i>	
<i>County & state of residence</i>	
<i>Permanent phone</i>	
<i>Cellular phone</i>	
<i>E-mail address</i>	
<i>Country of citizenship</i>	
<i>VISA type if applicable</i>	
<i>Racial/Ethnic self description</i>	
<i>Date of birth</i>	
<i>Gender</i>	

<i>Parent/Guardian Name</i>	<i>Living (Y/N)</i>	<i>Education Level</i>	<i>Occupation</i>

<i>Have you worked or volunteered during college or high school? (Y/N)</i>	
<i>If yes, how many hours per week, 1-9, 10-19, 20-29, 30 plus?</i>	

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

Name	Dates	Major	GPA	Hours/degree Earned

<i>Have you ever been the recipient of institutional action (i.e. academic probation, conduct violations, issues of academic integrity)? (Y/N)</i>	
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In the following table, list your most important activities outside of the classroom which have prepared you for a career as a physician.

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

(continued) 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

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

(Insert Personal Statement Here)

*Have you ever been convicted of, or pleaded guilty to, any criminal offense other than a minor traffic violation?
(Y/N)*

If yes, please give an explanation with full details including facts and disposition of case.

I certify that the information submitted to John Carroll 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, official ACT or SAT scores, official high school transcripts, any college transcripts, and 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 20, 2015 and sent to:

*Dr. Kathleen Lee, Ph.D.
Assistant Dean of Health Programs
John Carroll University
1 John Carroll Boulevard
University Heights, Ohio 44118*
