



Biographic Information

Legal First				Legal Las	st		
Name:				Name:			
Preferred First							
Name:							
Address:		Apt #		City, Stat	е		Zip code:
							Preferred
Sex:				Gender:		-	Pronouns:
Race/Ethnicity:							
(Check all that							
apply)	African	☐ White	An	nerican	Asian/	Hispani	c/ Other:
	American/ Black	(Indian	/ Alaska	Pacific	Latino	
			Native	<u> </u>	Islander	_	
Check all that			Ιc	ome from	ı a	l am a 1	st generation college
apply:			disady	antaged	background		
				ome from	_		eteran, or graduate of
					ckground	foster care	
			unacı	sci ved be	ickground	loster care	System
Your Email:			Phone	e:			
AAMC ID Numbe	r:						
**Must Have AAN	AC ID to interview	/					
MCAT History	•						
Have you taken tl	he MCAT	Yes If yes, t	test Dat	e #1:			
		Scores:	CP:	CARS	: BB:	PS:	Total:
		If applicable, test					
		• •			S: BB:	PS:	Total:
		test Da		0,			
				CARG	. DD.	DC ·	Total:
		scores	. CP:	CARS	S: BB:	P3:	TOTAL
		∐ No					





Education History

List any/all college(s) attended including colleges attended while in high school		
Partner University	Cleveland State University	
Overall cumulative college GPA:		
Indicate completion and/or expected completion of the following courses: ** All courses listed must be completed by start of the 2023 fall semester	General Chemistry I (or equivalent) Completed when? (year only) Grade received: OR In Progress expected completion? (term and fall)	_
	General Chemistry I Lab (or equivalent) Completed when? (year only) Grade received: OR In Progress expected completion? (year and term)	
	General Chemistry II (or equivalent) Completed when? (year only) Grade received: OR In Progress expected completion? (year and term)	_
	General Chemistry II Lab (or equivalent) Completed when? (year only) Grade received OR In Progress expected completion? (year and term)	
		_





experience?

** only choose

one)

						Applicati
		\mathbf{G}	eneral Biolog	y I (or equivalent)		
			Completed	when? (year only)	Grad	e received
				OF		
			In Progress	expected completion? (year	and term)	
		\mathbf{G}	eneral Biolog	y I Lab (or equivalent)		
			Completed	when? (year only)	Grad	e received
			In Progress	OF expected completion? (year of	-	
	Intended Ma			D nedical student)	(Select	ct one)
Matriculation	n year will be de	etermined a	nd confirmed o	during interviews.	July 2027	
ndicate the ex	Employment periences, emp	oloyment, ad	ctivities, award	Honors s, and honors you have ach	ieved following matri	culation into
•		•		se the following lexicon to	best describe the	experience:
				ivity, awards/honor, physicia		
	ition, family res			, ,,,,		,
• •	ur experience to		al entries			
Experience	Start Date	Estimated		erience, Experience Descriptio	n. Contact Person to	Identify which is your most meaningful

Verify Experience & Contact Person Email Address

Type

and End

Date

Hours





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_	on a Constitution
	ssay Section
Th ch int for	ne MCAT requires a comprehensive understanding of multiple subjects, including biology, nemistry, physics, and psychology. In 250 words or less, tell us how you are preparing to tegrate knowledge from these different areas, and what challenges you anticipate as you study r the exam.





e career as a p	ohysician.		





This is not an application for medical school admission. For the sake of disclosure please read the following items carefully:

- I understand that I am requesting early assurance to the College of Medicine M.D. program at the Northeast Ohio Medical University (NEOMED). I am not applying for admission to medical school at NEOMED at this time.
- I have read the sections in the current NEOMED Compass regarding early assurance to medical school and the NEOMED College of Medicine Essential Functions Required for Admission, Continuation and Graduation in the most current version of the NEOMED Compass.
- I understand the academic metrics that will be used to determine my admission to the M.D. program in the College of Medicine at NEOMED at the time of application as communicated in the current version of the NEOMED Compass.
- I understand that I must complete the prescribed program of study at my current partner university prior to matriculation to medical school at NEOMED.
- I understand that all of my academic metrics used for admission to the M.D. program in the College
 of Medicine at NEOMED, such as grade point averages, will be calculated by Cleveland State
 University based on past work that I choose to have considered, plus the work I undertake during
 the post baccalaureate program.
- If I have ever been found responsible for any academic violation(s) while enrolled in college/university level coursework (after high school) (e.g. plagiarism, academic dishonesty. etc.) these must be disclosed at the time of application to medical school at NEOMED through AMCAS. Review of these violations will occur at the time of an admission decision at a later date. Early assurance status does not imply that any academic violation(s) while enrolled in college/university level coursework (after high school) may not result in a denial of admission at a later date.
- If I have ever been convicted of, or pleaded guilty or no contest to, any criminal offense in a court of law these must be disclosed at the time of application to medical school at NEOMED through AMCAS. Review of these offenses will occur at the time of an admission decision at a later date. Early assurance status does not imply that any offenses may not result in a denial of admission at a later date.
- At this date, only U.S. Citizens or U.S. Permanent Residents are permitted to be admitted and matriculate to the M.D. program in the College of Medicine at NEOMED.
- Any falsifications or omissions to the above will result in either my non-selection as an early
 assurance candidate, forfeiture of early assurance if discovered at a later date, or denial of
 admission at the time of application if discovered at a later date.
- I understand that I will need to undergo a criminal background check (CBC) if I am admitted to NEOMED.

I have read and understand all of the above items:	
Signature (your typed name will serve as your signature)	 Date
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