



## **Biographic Information**

Preferred First Name:  Address: Apt # City, State Zip code: Preferred Sex: Gender: Pronouns:  Race/Ethnicity: (Check all that apply) African American Indian/ Asian/ Hispanic/ Other: American/ Black White Alaska Native Pacific Islander Latino  Check all that apply:  Check all that apply:  Discome from a disadvantaged I am a 1st generation college background student  Discome from an underserved I am a veteran, or graduate of background foster care system  Your Email: Phone:	Legal First			Legal Las	t		
Address:  Apt # City, State Zip code: Preferred Sex: Gender:  Gender:  Check all that Apply)	Name:			Name:			
Address:  Apt # City, State Zip code: Preferred Pronouns:  Race/Ethnicity: Check all that apply)	Preferred First						
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Gender: Preferred Pronouns:  Race/Ethnicity: Check all that apply)	Address:	Aį	ot #	City, State	)		Zip code:
Race/Ethnicity:  Check all that  apply)				-			Preferred
American   Marican   American   American   American   Asian   Hispanic   Other:	Sex:			Gender:			Pronouns:
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American/ Black White Alaska Native Pacific Islander Latino  Check all that apply:    Check all that apply:   Dicome from a disadvantaged   I am a 1st generation college background   I come from an underserved   I am a veteran, or graduate of background   I am a veteran, or graduate of foster care system	(Check all that						
American/ Black White Alaska Native Pacific Islander Latino  Check all that apply:    I come from a disadvantaged   I am a 1st generation college student   I come from an underserved   I am a veteran, or graduate of background   I am a veteran, or graduate of foster care system  Your Email:	apply) African		American I	ndian/	Asian/	His	panic/ Other:
Check all that				•	_		
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Come from an underserved   I am a veteran, or graduate of foster care system		ha		in a disaut	rantagea		
background foster care system  Your Email:  Phone:  AAMC ID Number:  **Must Have AAMC ID to interview  MCAT History  Pes If yes, test Date #1:  Scores: CP: CARS: BB: PS: Total:  If applicable, test Date #2:  Scores: CP: CARS: BB: PS: Total:  test Date #3  Scores: CP: CARS: BB: PS: Total:		Dat	•				
Your Email:  Phone:  AAMC ID Number:  **Must Have AAMC ID to interview  MCAT History  Pes If yes, test Date #1:  Scores: CP: CARS: BB: PS: Total:  If applicable, test Date #2:  Scores: CP: CARS: BB: PS: Total:  test Date #3  Scores: CP: CARS: BB: PS: Total:				m an unde	erservea		· · · · · ·
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AAMC ID Number:  **Must Have AAMC ID to interview  MCAT History    Yes	Your Email:	Ph	one:				
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## **Education History**

Graduating High School (include city and state)			
List any/all college(s) attended while a high school student			
List any/all college(s) attended after high school			
Partner University	Cleveland State U	niversity	
Current CSU Student Status (must be Sophomore or Junior)			
Overall cumulative college GPA:			
Indicate completion and/or expected completion of the following courses:  ** Courses listed must be completed by start of the 2024 fall semester	General Chemis  Completed  In Progress	when? (year only)OR expected completion? (year and term)	
by start of the 2024 fall semester	General Chemi	stry I Lab (or equivalent)	
	Completed In Progress	when? (year only)OR expected completion? (year and term)	
	General Chemi	stry II (or equivalent)	
	Completed	when? (year only)	Grade received
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	In Progress	OI expected completion? (year	R and term)	
	General Chemi	stry II Lab (or equivalent)		
	Completed	when? (year only)	Grade received	
	In Progress		and term)	
	General Biolog	y I (or equivalent)		
	Completed	when? (year only)	Grade received	
	In Progress		and term)	
	General Biolog	y I Lab (or equivalent)		
	Completed	when? (year only)	Grade received	_
	In Progress		and term)	
Year of Intended Matriculati	ion to NEOME	D		
Select expected year of matriculation  Matriculation year will be determined	, -	•	(Select one)  July 2026  July 2027	





#### Experiences, Employment, Activities, Awards, Honors

Indicate the experiences, employment, activities, awards, and honors you have achieved following matriculation into college. Please do not include high school activities.

#### For the column marked "Experience Type", please use the following lexicon to best describe the experience:

Paid employment, community service, co-curricular activity, awards/honor, physician shadowing, research/lab, leadership position, family responsibility.

\*\*Please limit your experience to up-to 10 total entries.

Experience Type	Start Date and End Date	Estimated Hours	Place of Experience, Experience Description, Contact Person to Verify Experience & Contact Person Email Address	Identify which is your most meaningful experience? ** only choose one)









# Pathways to Practice Undergraduate Early Assurance

Application





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Reflect on an experience you've had working with or supporting an underserved community. In 250 words or less, how did this experience shape your understanding of the barriers they face, and how will it influence your approach to addressing inequities in your future career as a physician.

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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 have a bachelor's degree from my current partner university prior to matriculate 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 the American
  Association of Medical Colleges application system (known as AMCAS). My current academic
  advisor has explained how these calculations will differ from my university grade point average
  calculations.
- 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.

Signature (your typed name will serve as your signature)	Date
9 of 9	