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|  | Admission Application**Pre-Medical and Health Professions Programs (PMHPP)**Undergraduate Program - Secondary AdmissionDuquesne University700 Fisher HallPittsburgh, PA 15282412-396-6335[www.duq.edu/pmhpp](http://www.duq.edu/pmhpp)  |

##  Applicant Information

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| --- | --- | --- | --- | --- | --- |
| **Full Name:** | Click or tap here to enter text. | Click or tap here to enter text. | Click | **Date:** | Click to insert |
|  | **Last** | **First** | **M.I.** |  |  |

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| **Address:** | Click or tap here to enter text. | Click to insert |
|  | **Street Address** | **Apartment/Unit #** |

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|  | Click or tap here to enter text. | Click to insert | Click to insert |
|  | **City** | **State** | **ZIP Code** |

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| **Local Phone:** | **Click or tap here to enter text.** | Duquesne Email: Click or tap here to enter text. |
| **Academic Major: Click or tap here to enter text.** | Academic Advisor: Click or tap here to enter text. |
| **First Semester/Year at Duquesne** (eg FA/18) **Click**  | Anticipated Duquesne Graduation (eg. SP/24): Click |

**Grade Point Average (GPA) Information** (Use the Math/Science GPA sheet to calculate each GPA.)

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| **Overall Cumulative GPA: Click**  | Students must have the **minimum overall cumulative GPA, cumulative math/science GPA & cumulative science GPA** **of 3.25** with no grade **less than a “C”** in any science, psychology or sociology course. |
| **Cumulative Science GPA:** **Click** | Students must have the **minimum cumulative science GPA** **of 3.25** with no grade **less than a “C”** in any science course taken at all institutions. This includes **all attempts** in BIOL, CHEM, and PHYS classes. |
| **Cumulative Math/Science GPA:** **Click** | Students must have **a minimum cumulative math/science GPA of 3.25** with no grade less than a “C” in any math or science course taken at all institutions. This includes **all attempts** BIOL, CHEM, MATH and PHYS classes.  |

##  Area(s) of Interest (Click on box(es) indicating areas of interest)

[ ]  Allopathic Medicine (MD)

[ ]  Osteopathic Medicine (DO)

[ ] Dental Medicine **Have you taken any college-level classes outside of Duquesne**

[ ]  Optometry **University?** [ ] YES[ ] NO (Click on one Box)

[ ]  Veterinary Medicine If yes, you **MUST** include a copy of all transcript from these institutions,

[ ]  Chiropractic Medicine other than Duquesne, that lists all courses and grades.

[ ]  Physician Assistant\*

[ ]  Physical Therapy\*

[ ]  Occupational Therapy\*

[ ]  Nursing\*

[ ]  Pharmacy\*

[ ]  Other Click or tap here to enter text.

\*Area(s) of interest not intended to aid students with entrance into Duquesne’s traditional entry-level programs but to offer guidance to get into a program upon graduation.

\*\*Please be advised that application verification and acceptance into the PMHPP is contingent upon the Area(s) of Interest checked above.

## Student Standing

**Acceptance into the PMHPP requires that you must be in good standing within your home (academic major) school (e.g., Bayer, Rangos) at Duquesne.**

*I attest that I am in good academic standing within my home school and academic major program, and that I have not been sanctioned with any academic integrity violations, judicial affairs, and/or student code of conduct violations at Duquesne or at any other university. I also have no federal or civil convictions that would inhibit my abilities for future practice as a health care professional.* [ ] Yes [ ]  No (If no, please explain below)

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Click or tap here to enter text.

**Please have your current academic advisor sign this application to verify your Student Standing**: *I, as the Academic Advisor for this applicant, do attest that, to the best of my knowledge, this student is in good standing within our School and at the University.*

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Click**

Academic Advisor Signature Academic Advisor’s Printed Name Date

## Applicant Confirmation of Status and PMHPP Disclaimer

* I attest that all of the information contained in this application is factual and accurately describes my qualifications.
* I understand that should any of the information on this application be falsified, that I will forfeit any opportunity to participate and/or be accepted into the PMHPP (Program).
* I understand that I may be required to participate in an admission interview, and if accepted into the Program, I must meet all admission criteria (including having at least one full academic year remaining in my professional preparation before planning to make application for medical, dental, or other professional school) as advertised, and
* Once admitted, I must continue to meet all retention standards set forth by the program to maintain my seat in the Program and be eligible to receive all of the services of the Program.
* I understand that to be eligible for the PMHP post-secondary certificate and the Duquesne University endorsement letter, I must take a minimum of 15 additional credits in math, science, and/or psychology/sociology, after being admitted to the PMHPP, to graduate with a PMHP undergraduate certificate. If I do not meet the post-secondary certificate requirements, I understand that I will be ineligible for a Duquesne University Letter of Endorsement.
* Based upon the year of my application and my level in the University, I realize that I am eligible for only those services appropriate for my level, academic status, post-secondary certificate status, and year of application.

**Please be advised that the PMHPP is primarily responsible to assist the student in preparing for entrance into a medical and/or health professional school; however, admission into the PMHPP in no way guarantees acceptance into medical and/or health professional school.**

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| Printed Full Name is Signature: | Click or tap here to enter text. | Date: |  Click to insert |

**Application Deadlines:** All completed applications must be received by the PMHPP **by the deadlines listed below**. Applications received after the deadline will be deferred for consideration until the next application process, if eligible; no exceptions will be made to this policy. Return completed application, Math/Science GPA worksheet **and** resume to the ***PMHPP, 700 Fisher Hall, Pittsburgh, PA 15282.***

**August 1** to be considered for the Fall semester

**May 1** to be consider for the Summer semester

**December 1** to be considered for the Spring semester

**How to determine if your application is Complete**

A **complete** PMHPP Secondary Admission Application includes the following components, submitted to the PMHPP Office in one application packet by the designated deadline. Incomplete applications will not be reviewed until made complete.

[ ] Completed PMHPP Secondary Admission Application Form

[ ] Your CV/Resume that includes a list and description of all medical, medically-related, and volunteer/people experiences

[ ] Completed Math/Science GPA Worksheet

[ ] Copies of transcripts from all universities/colleges, other than Duquesne, where college-level courses were taken.