

**POST-BACCALAUREATE PROGRAMS
APPLICATION FOR ADMISSION**

Drew University
Office of Continuing Education
Madison, NJ 07940
Phone: 973-408-3400
Fax: 973-408-3004



DREW

Students who have earned a bachelors degree and who wish to take college courses **for credit** may apply to this program. All college courses are open to post-baccalaureate students on a space-available basis providing all course prerequisites are met. Post-baccalaureate students may study at Drew part-time or full-time. Tuition and other charges are payable at registration. **Please note that financial assistance is not available for this program.**

APPLICATION INSTRUCTIONS

All application materials should be sent to the Office of Continuing Education, Drew University, Madison, NJ 07940. Each application will be evaluated after all of the following documents have been received by the Office of Continuing Education:

1. The completed application form
2. A non-refundable \$40 application fee
3. Official transcript(s) of your college record
4. Personal statement (300-500 words)
5. One academic letter of recommendation (Pre-Medical Preparation students only)
6. An updated copy of your résumé (Pre-Medical Preparation students only)

Pre-Medical Preparation Program Priority Deadlines: March 1 for fall admission; October 1 for spring admission.
General Post-Baccalaureate Program Deadlines: August 8 for fall admission; January 1 for spring admission.

PERSONAL INFORMATION

Legal Name _____
Last First Middle

Permanent Home Address _____
Street

City State Zip code

Home Phone Number (_____) _____ Cell Phone Number (_____) _____

E-mail Address _____ Birth date _____

Social Security # ____ - ____ - ____ Gender: Male Female

Semester you are applying for Fall Term 20____ Spring Term 20____

Citizenship: U.S. Citizen Permanent Resident Other (visa number: _____)

Please note that I-20s are not issued by Drew University for Post-Baccalaureate Programs.

ACADEMIC INFORMATION

Please list all colleges at which you have taken courses for credit

<i>Name of College Attended</i>	<i>Location (City, State)</i>	<i>Degree Awarded</i>	<i>Graduation Date (month/year)</i>
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EDUCATIONAL PLANS

Do you wish to study: Part-time (1-11 credits) Full-time (12-20 credits)

Proposed track:

Pre-Medical Studies Applicants: please indicate professional goals (check all that apply):

MD DO DDS DVM PT PA RN Other: _____

Post-Baccalaureate Program Applicants: please indicate career/educational goal: _____

Courses you wish to take at Drew:

If you feel there is anything on your college transcript that you need to address, please do so (optional):

My signature indicates that all the information contained in my application is factually correct and honestly presented.

Signature of Student

Date

Drew admits students of any race, color, sexual orientation, age, religion, handicap, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students. Drew does not discriminate on the basis of race, gender, color, sexual orientation, age, religion, handicap, national or ethnic origin in employment or in the administration of its educational policies, scholarship programs, and athletic or other college administered programs.