***Clarion University of Pennsylvania (CUP)***

***Lake Erie College of Osteopathic Medicine (LECOM) School of*** *Dentistry*

***4 +4 (Bradenton, FL Campus)***

***Affiliation Program Application***

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entrance Date (or anticipated entrance date) to CUP [Semester and Year]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Entrance Date to LECOM [Semester and Year]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby affirm that all information submitted is true, correct, and complete, and that I have not misrepresented myself in any way. I understand that acceptance to Phase I of the Clarion University/LECOM Affiliation program reserves a seat for me in LECOM’s incoming class provided that I meet all criteria of the Affiliation agreement.

Furthermore, I as an enrolled student in the LECOM Early Acceptance Program (EAP), hereby authorize Clarion University of PA to release information regarding my academic performance and non-academic activities pertaining to my continued participation in the EAP to Lake Erie College of Osteopathic Medicine as required by the affiliation agreement between LECOM and Clarion University of PA.

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Name (Printed) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

To complete your application please see below:

1) Complete the LECOM EAP Inquiry at:

<https://portal.lecom.edu/ics/Affiliated_Undergrad_College_Inquiry.jnz?secure=true>

\_\_\_\_\_\_\_\_\_\_\_ (yes/no)

2) ***For High School Applicants For Current CUP Applicants***

HS GPA (must be ≥ 3.5) \_\_\_\_\_\_\_\_\_\_\_\_\_ CUP GPA (must be ≥ 3.4\*) \_\_\_\_\_\_\_\_\_\_\_\_

SAT score (must be ≥ 1170) \_\_\_\_\_\_\_\_\_\_ Attach a copy of your CUP unofficial

**OR** transcript

ACT score (must be ≥26) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Following completion of 2 semesters

Attach a copy of your HS Transcript

**Review of applications begins November 1 Review of applications begins February 1**

3) In addition to the appropriate transcript, please attach the following to this application:

• A 1-2 page essay (typed, single space, 11-12 point font) describing the following:

1. Your desire to become a Dentist
2. The personal traits you possess which will contribute to your success in the Affiliation Program ay Clarion, LECOM, in your future career as Dentist.

Submit all application materials to:

Dr. Craig Scott;

Pre-professional Committee for the Healing Arts

Department of Biology and Geosciences

Clarion University

840 Wood St.

Clarion, PA 16214

cscott@clarion.edu