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

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

***3 (or 4) +3 (Erie, PA Campus) or 3 (or 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 pharmacist
2. The personal traits you possess which will contribute to your success in the Affiliation Program ay Clarion, LECOM, in your future career as a pharmacist.

Submit all application materials to:

Dr. Daniel Clark;

Pre-professional Committee for the Healing Arts

Dept. of Chemistry, Mathematics & Physics

Clarion University

840 Wood St.

Clarion, PA 16214

dclark@clarion.edu