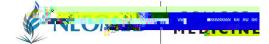




Biographic Information

		Legal Last		
		Name:		
Apt #		City, State		Zip code:
				Preferred
		Gender:		Pronouns:
African White [Ar	nerican 🗌 Asian/ 🗌] Hispai	nic/ Other:
American/ Black I	ndiar	n/ Alaska Pacific La	atino	
1	Vative	e Islander		
[disad I c	vantaged backgrounc]	
	African White American/ Black	Apt #	Gender:	Apt # City, State Gender: Gender: African White American Asian/ Hispan American/ Black Indian/ Alaska Pacific Latino Native Islander Islander I come from a Idisadvantaged backgrounc I come from an





Education History

List any/all college(s) attended including colleges attended while in high school	
Partner University	Cleveland State University
Overall cumulative college GPA:	
Indicate completion and/or expected completion of the following courses: ** All courses listed must be completed by start of the 2023 fall semester	General Chemistry I (or equivalent) Completed when? (year o)nly Grade received: OR In Progress expected completione?r(n and fall) General Chemistry I Lab (or equivalent)
	Completed when? (year o)nly Grade received: OR In Progress expected completion? (yeerat term)
	General Chemistry II (or equivalent)
	Completed when? (year ohly Grade received: OR In Progress expected completion? (year and term)
1	General Chemistry II Lab





	1	Application





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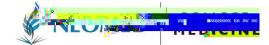


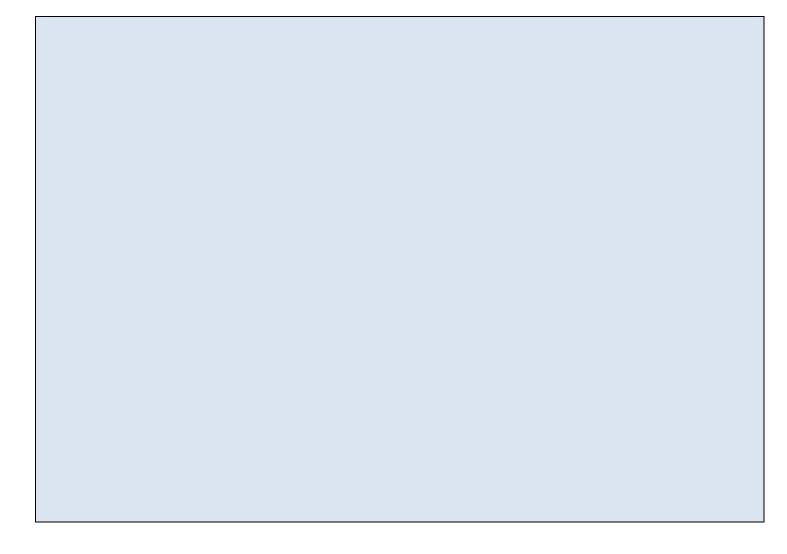


Essay Section

Updated 9/202 ï











This is not an application for medical school admission. For the sake of disclosure please read the following items carefully:

- X 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.
- x 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, C