

TEMPLATE:

Programs of interest (check all that apply):

Medical (Allopathic and/or Osteopathic – circle appropriate)		
Podiatry	Optometry	Physical Therapy
Physician Assistant	Veterinary Medicine	Chiropractic
Pharmacy	Occupational Therapy	Dentistry
Graduate Studies	Allied Health B.S.	Allied Health Master's

1. Centralized application services (or application process) associated with these programs; information must include:
 - a. date(s) that each service opens for student applications
 - b. the costs associated with the program
 - c. information required for the application
1. Standardized test(s) required by programs; must include:
 - a. cost of the test
 - b. date(s) the test is offered
 - c. format of the test (i.e., computer based, instant score report/delayed score report, etc)
2. Professional programs the student is interested in (specific institutions; EX: Loyola University Stritch School of Medicine). If you list limited programs, this will be considered when writing your letter of support. Details for EACH program should include:
 - a. Average standardized test score for admitted students (**NOT minimum score**); this information is generally available on the program's webpage. If not, please call