



## POSTSECONDARY EDUCATION

Please list **all** colleges and graduate schools attended or currently attending. **List most recent school first** (*use an additional sheet of paper if necessary*). **Official transcripts must be requested from all schools attended even if a degree was not received.**

Name of Institution \_\_\_\_\_ Dates of Attendance \_\_\_\_\_  
Major \_\_\_\_\_ Degree \_\_\_\_\_

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Major \_\_\_\_\_ Degree \_\_\_\_\_

## ESSAY QUESTION *(For all students: please type)*

Please attach additional sheets in response to the following question.

Please describe your professional goals and what has influenced your decision to enter the health field. Describe any extracurricular activities, employment, volunteer work, or other distinctions during or since college which you feel are **relevant** to your application. We are especially interested in any health-related experiences you have had. Please be sure that any experiences discussed in your essay also appear on your résumé.

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Were you ever the recipient of any disciplinary action (e.g., dismissal, disqualification, suspension, probation, etc.) by any college or graduate school for either unacceptable academic performance or conduct violation? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain on a separate sheet of paper.

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain on a separate sheet of paper.

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I understand that my admission to the Post Baccalaureate Prehealth Program does not constitute admission to a degree program. My signature on this application certifies that all the information contained in my application is factually correct, honestly presented, and contains no omissions. If at a later date it becomes clear that this is not so, I agree that the University may revoke any offer of admission it makes to me or dismiss me from the University.

**I understand that once I submit this application, I must complete all remaining premedical requirements at Northeastern State University, if I am accepted into the program.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(required)*