

Med Bound Program Verification Form

Applicants applying to the 3+1 Med Bound Program must complete this form at the time of application to OSU-CHS College of Osteopathic Medicine. This form must be verified by the student's Pre-Health Advisor or Academic Advisor at the time of application and at the end of the spring semester of the student's junior year.

Student's Name:	Date:
Student's Email:	
To be completed by the Uno	dergraduate Advisor at the time of application.
I verify that student is on track to fulfill the requirements	, is eligible to apply to the 3+1 Med Bound Program. The soutlined in the Academic Catalog for their approved major.
Enrolled as a full-time student.	
Enrolled in first semester of college (no	ot high school concurrent/dual credit; Attended H.S. in last 12 months
Enrolled in an eligible 3+1 Med Bound	Program approved major.
Able to complete at least 60 or more c	redit hours toward a bachelor's degree for approved major.
Academic Advisor (Print Name)	Academic Advisor (Signature)
Email:	
be completed by the Undergraduate Advar.	visor at the end of the spring semester of student's junior
Maintained a cumulative 3.5 GPA.	
Maintained a 3.5 Science GPA.	
Completed all remaining undergraduate of	oursework required for the approved 3+1 Med Bound major.
Academic Advisor	Academic Advisor (Signature)
ate:	

