

3+1 Program Verification Form

Applicants applying to the 3+1 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 Undergra	eduate Advisor at the time of application.
I verify that , is track to fulfill the requirements outlined in the Aca	s eligible to apply to the 3+1 Program. The student is on demic Catalog for their approved major.
Enrolled as a full-time student for no more th	nan four semesters at the time of application.
Achieved a minimum of 3.5 cumulative GPA	
Achieved a minimum of 3.5 science GPA.	
Completed at least 60 or more credit hours t	oward a bachelor's degree for approved major.
Academic Advisor (Print Name)	Academic Advisor (Signature)
Email:	Date:
o be completed by the Undergraduate Advisor a	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 courses	work required for the approved 3+1 major.
Academic Advisor	Academic Advisor (Signature)
ate:	

