

Pathways to Practice
Undergraduate Early Assurance
Application

Biographic Information

Legal First Name:		Legal Last Name:	
Preferred First Name:			
Address:	Apt #	City, State	Zip code:
Sex:			

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Education History

Graduating High School (include city and state)	
List any/all college(s) attended while a high school student	
List any/all college(s) attended after high school	
Partner University	Cleveland State University
Current CSU Student Status (must be Sophomore or Junior)	

Overall cumulative college a BT 11

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OR

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Experiences, Employment, Activities, Awards, Honors

Indicate the experiences, employment, activities, awards, and honors you have achieved following matriculation into college. Please do not include high school activities.

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Paid employment, community service, co-curricular activity, awards/honor, physician shadowing, research/lab,

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FRPPXQLW\ word or less, KRZ GLG WKLV H[SHULHQFH VKDSH \RXU XQGH
WKH EDUULHUV WKH\ IDFH DQG KRZ ZLOO LW LQIOXHQFH \RXU DSS
\RXU IXWXUH FDUHHU DV D SK\VLFLDQ

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

- I understand that I am requesting