

Drexel University College of Medicine

In the Tradition of Woman's Medical College of Pennsylvania
and Hahnemann Medical College



ACTIVATION REQUEST FORM Advanced Standing

Kelli Kennedy
Director for Admissions
Drexel University College of Medicine
Admissions Office
2900 Queen Lane
Philadelphia, PA 19129

Dear Ms. Kennedy:

Enclosed is a check/money order in the amount of \$100.00 made payable to Drexel University College of Medicine to activate my application for the _____ academic year. I understand that this fee is non-refundable.

Print Name _____

SS # _____ AMCAS ID # _____

Signature _____

Date _____

Drexel will begin accepting application materials in February. Please do not send materials prior to February.