Dear Applicant,

Thank you for applying to Rowan University School of Osteopathic Medicine, RowanSOM (formerly UMDNJ-SOM). To correctly complete the application process, please review the following steps:

1. Applicants may apply to SOM as early as May 1 of each year of expected enrollment. You must complete a primary application by logging onto the American Association of Colleges of Osteopathic Medicine Application Service, AACOMAS web site at www.aacom.org.
2. As part of the application process, all applicants are required to complete a secondary application.
3. Applicants must also have letters of recommendation forwarded to our admissions office as part of the admissions process. Our admissions committee requires letters of recommendation from a pre-medical committee or two science faculty members. (It is not required that applicants submit a letter of recommendation from an osteopathic physician, however it is strongly recommended).
4. We will accept letters of recommendation by mail, Virtual Eval, and Interfolio.
5. **The deadline to submit your supplemental materials (secondary application and the required letters of recommendation) is March 15, 2014. However, we encourage all applicants to submit materials as early as possible.**
6. SOM will accept applications via an Early Decision Program beginning with the 2013-2014 cycle. Please see page 2 for further instruction.
7. Please mail your secondary application to the following address:
   Rowan University School of Osteopathic Medicine
   One Medical Center Drive
   Academic Center, Suite 210
   PO Box 1011
   Stratford, NJ 08084
8. **Please do not send your application to the somadm@rowan.edu email address; we do not accept applications via email and this could delay the processing of your secondary application.**

Please feel free to contact the admissions office at anytime during the application process should you have any questions at (856) 566-7050. Thank you for your interest in RowanSOM and the osteopathic medical profession.

Sincerely,
Paula Watkins
Director of Admissions and Enrollment Services
Supplemental Admissions Application - 2013 -2014 Cycle

RowanSOM is committed to complying with the requirements of the Americans with Disabilities Act.

Please type or print all information and responses clearly. Attach separate sheets where necessary.

NAME:_________________________________________ AACOMAS ID#:__________

MAILING ADDRESS: ________________________________

______________________________

______________________________

PRIMARY PHONE : (___) ________________________________

MOBILE PHONE: (___) ________________________________

E-MAIL ADDRESS: ________________________________

**EARLY DECISION PROGRAM**

Are you applying through the Early Decision Program? ___Yes ___No

If no, proceed to next section. If yes, please attach your letter of intent addressed to the Office of Admissions stating that SOM is your first choice of medical schools. Additional guidelines for the Early Decision Program can be found on our website: http://www.rowan.edu/som/education/admissions/early.html

Please note the Early Decision Program deadlines:

- Applicants must submit the AACOMAS primary application by August 15, 2013
- All application materials must be received by SOM by August 31, 2013 (including the Secondary application, application fee, MCAT score, and letters of recommendation)
- All Early Decision Program applicants will receive their decision notification by October 21. If accepted into the Early Decision Program applicants are required to submit their tuition deposit by November 4, 2013.
LETTERS OF RECOMMENDATION:

All applicants are required to submit a letter of recommendation from their Pre-Medical Committee directly to the Admissions Office. In the event, that such a Pre-Medical Committee does not exist or is unfamiliar with the applicant, the applicant is required to submit to the Admissions Office a minimum of two (2) letters from Science Faculty members who can attest to their current academic ability and personal qualities. Additional letters (from physicians, employers, etc.) will be accepted but are not required.

*Your application will not be considered complete until the Supplemental Application and required Pre-Medical Committee or Science Faculty letters are received.

Please check the method by which the Admissions Office will receive your letters of recommendation:

_____ Mail
_____ Virtual Eval
_____ Interfolio

Please identify your area of professional interest below (i.e. Family Medicine, Surgery, Pediatrics, etc.)

________________________________________________________________________

________________________________________________________________________

Have you previously applied to SOM? __________ Yes _________ No

If yes, please indicate the year you applied: ________________________________

Have you previously attended medical school? __________ Yes _________ No

If yes, please indicate the name of the medical school and the date(s) attended:

________________________________________________________________________

Have you met with a SOM admissions representative or attended an event on our campus? _____

_____ Yes _____________ No

If yes, please indicate the type of event:

________________________________________________________________________

Have you ever participated in a SOM Pre-College Program? _____ Yes _______ No

If yes, please check the appropriate program:
Medical Science Academy________________________
D.O. ShaD.O.w Program__________________________
NYLF on the RowanSOM Campus ________________
Summer Prep Program_______

Applicant Essays:

Please attach your responses to the following questions: (Please use font size 12 and limit your essays to one page double spaced per question.)

Required essays:

1. Explain the process by which you decided that osteopathic medicine was right for you?

2. How does the osteopathic profession fit into your professional goals and values?

Optional additional essay:

3. Please describe any significant barriers or challenges you may have overcome in the pursuit of your personal/professional goals.

Please read the following statement and write your signature below:

“I understand that, as a condition of admission, I may be required to authorize SOM to obtain criminal background check(s). I may also be required to obtain a background check myself or authorize clinical training facilities to conduct the check, and to permit the results to be provided by the reporting agency to SOM and/or to clinical facilities. If I am offered admission, the offer will not be considered final and I will not be permitted to enroll until completion of my background check, with results deemed favorable by SOM. If the results of the background check(s) are not deemed favorable by SOM or the by the clinical facilities, or if information received indicates that I have provided false or misleading statements, have omitted required information, or in any way am unable to meet the requirements for completion of the program, the admissions may be denied or rescinded, or I may be disciplined or dismissed:

I CERTIFY that all the statement made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I consent to the full release of all information concerning my capacity and fitness for educational program by employers, educational institutions and other agencies.

Signature: ___________________________ Date: ______________
Application Fee

I have enclosed the $90.00 Non-Refundable Supplemental Application Fee by:

☐ Check or money order, payable to Rowan University School of Osteopathic Medicine

☐ Visa

☐ MasterCard

☐ Discover

☐ AACOMAS fee waiver (If you have qualified for the AACOMAS fee waiver, please attach a copy of the communication you received from AACOMAS stating that you qualified for the fee waiver and we will honor your fee waiver as payment for the supplemental application.)

Card Number ___________________________ Exp. Date ___________________

Three (3) Digit Code _____________________ (For credit card payments, please include the 3-digit security code located on the back of your credit card)

Please Print

Name: __________________________________________

Print Your Name as it appears on the Credit Card: ________________________________

Address of Cardholder: _______________________________________________________

_____________________________________________________

Primary Telephone Number: _________________________________________________

Signature:__________________________________________________________

Please return this application with your $90.00 application fee to:

Admissions Office
Rowan University School of Osteopathic Medicine
One Medical Center Drive, Academic Center, Suite 210
PO Box 1011
Stratford, New Jersey 08084 -1501
Phone: (856) 566-7050, Fax: (856) 566-6895

Applications will not be processed unless the required $90.00 Supplemental Application fee is enclosed.