



3+1 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 Undergraduate Advisor at the time of application.

I verify that _____, is eligible to apply to the 3+1 Med Bound Program. The student is on track to fulfill the requirements outlined in the Academic Catalog for their approved major.

Enrolled as a full-time student.

Enrolled in first semester of college (not 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 credit hours toward a bachelor's degree for approved major.

Academic Advisor (Print Name)

Academic Advisor (Signature)

Email: _____

Date: _____

To be completed by the Undergraduate Advisor at the end of the spring semester of student's junior year.

Maintained a cumulative 3.5 GPA.

Maintained a 3.5 Science GPA.

Completed all remaining undergraduate coursework required for the approved 3+1 Med Bound major.

Academic Advisor

Academic Advisor (Signature)

Date: _____



CENTER FOR HEALTH SCIENCES
OKLAHOMA STATE UNIVERSITY