

**Michigan College of Optometry
Early Admission Program Application**

Academic Professional Semester for which you are applying: Fall 20_____

Last Name	First	Middle
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Permanent Address: _____

Permanent Phone: (_____) _____

Temporary Address: _____

Temporary Phone: (_____) _____

E-mail Address: _____

Composite SAT Score(s): _____ and/or Composite ACT Score(s): _____

Current Accumulative GPA: _____

Total number of college semester credit hours completed: _____

Total math/science semester credit hours completed: _____

Total non-math/science semester credit hours completed: _____

Total number of hours working with or visiting with optometrists: _____

I have read the description of the MCO Early Admission Program and certify that I have met or fully expect to meet the requirements by the Early Admission deadline*. I further agree to abide by the conditions as set forth in the Early Admission Program description.

Signature	Date
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Return this application by April 1* no earlier than after your first Fall Semester at FSU to the Michigan College of Optometry at AskMCO@ferris.edu or by mail to:

Michigan College of Optometry
Attn: Admissions
Ferris State University
1124 S. State Street, Room 236
Big Rapids, MI 49307