

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

\_\_\_\_\_ Academic Year applying for: Fall 20\_\_\_\_\_  
First, Middle, Last Name

**Permanent Address:**

**Temporary Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Composite SAT Score(s): \_\_\_\_\_ and/or Composite ACT Score(s): \_\_\_\_\_ Current Cumulative GPA: \_\_\_\_\_  
(Enter N/A if not taken)

List **ALL** colleges/universities attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

Awards Received: \_\_\_\_\_

Leadership/Volunteer Activities: \_\_\_\_\_  
\_\_\_\_\_

Previous Work Experience: \_\_\_\_\_  
\_\_\_\_\_

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

Return this application by **March 1\*** no earlier than after your first Fall Semester to the Michigan College of Optometry at [AskMCO@ferris.edu](mailto:AskMCO@ferris.edu).