



**Arkansas College of Osteopathic Medicine (ARCOM)  
Transfer Student Application**

ARCOM accepts transfer applicants in rare circumstances only when students are transferring from a LCME or AOA accredited college of medicine. Transfers must be passing all subjects at a time of transfer and be in good standing with their current college of medicine.

Students transferring from another medical school are only accepted for Fall term start dates and must have their Transfer Student Application (and all supporting documents) submitted to the admissions office by April 15.

LEGAL Name: \_\_\_\_\_ Application Date: \_\_\_\_\_  
(First, MI, Last Name)

Previous Names Used: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ NBOME #: \_\_\_\_\_ AOA #: \_\_\_\_\_

Address: \_\_\_\_\_ Gender (optional):  Male  Female

City, State, Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  Cell  Work  Home

Email Address: \_\_\_\_\_  
(non-college related)

Citizenship Status:  U.S Citizen  Perm. Resident  Other Dual Citizenship:  Yes  No

Country of Citizenship: \_\_\_\_\_ State of Legal Residence: \_\_\_\_\_

County of Legal Residence: \_\_\_\_\_ City of Birth: \_\_\_\_\_

County of Birth: \_\_\_\_\_ State/Province of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

COMSAE Score: \_\_\_\_\_ COMLEX I Score (if applicable): \_\_\_\_\_ COMLEX II Score (if applicable): \_\_\_\_\_

Which of the following certifications do you currently obtain?

BLS (must be through American Heart Association) Expiration date: \_\_\_\_\_

PALS (must be through American Heart Association) Expiration date: \_\_\_\_\_

ACLS (must be through American Heart Association) Expiration date: \_\_\_\_\_

## **Arkansas College of Osteopathic Medicine (ARCOM) Transfer Student Application**

This application and the following documents should be submitted to the Director of Admissions (admissions.arcom@acheedu.org) prior to April 15 for consideration to enter next Fall.

- Formal, written statement from the applicant outlining reasons for the transfer request.
- Letter of recommendation from the Academic Dean, Vice Dean or Senior Associate Deans of the prior/current college of medicine.
- Official transcript from the prior/current college of medicine.
- Official COMSAE scores
- Official COMLEX scores, if applicable

**NOTE: If the transfer request is accepted, final official transcripts from each college/university previously attended will also be required.**

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All students must complete a minimum of the last two years of training at ARCOM, successfully fulfill all requirements of the ARCOM curriculum, including demonstration of competency in the philosophy and application of osteopathic principles and practice (including osteopathic manipulation), and receive the recommendation of the faculty through the Student Progress Committee for graduation.

ARCOM transcripts will reflect the cumulative credit hours transferred from the previous medical school. Information regarding grades or class rank from the previous school will not be reflected on the ARCOM transcript. Students who transfer into ARCOM will not receive a class rank.

By signing below, I recognize that I have read and agree to the above transfer student policy statements.

In addition, I understand that, if admitted, I will be required to visit the ARCOM campus in person to complete my onboarding process.

Transfer Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_