



FranklinPierce
UNIVERSITY

Application Addendum

Franklin Pierce University & St. George's University
Combined Undergraduate & MD or DVM Program

Applicant's Name

Street Address

City

State

Zip Code

Preferred Telephone Number (with area code)

Preferred Email Address

Two letters of recommendation are required using the guidelines provided in the Recommendation for Admission form. Evaluators should submit this form and letter of recommendation directly to Franklin Pierce University, Office of Admissions, 40 University Drive, Rindge, NH 03461. Please identify your references:

EVALUATOR 1

Evaluator Name

Title

Preferred Telephone Number (with area code)

Preferred Email Address

EVALUATOR 2

Evaluator Name

Title

Preferred Telephone Number (with area code)

Preferred Email Address

Applicant Authorization Statement:

I request that Franklin Pierce University evaluate my eligibility for the pathway program to the MD or DVM program at St. George's University. I understand that all transcripts, evaluations, and documents submitted with my application for admission to Franklin Pierce University and this application become the property of Franklin Pierce University, will not be returned and will not be available for evaluation by St. George's University.

Applicant's Signature

Date

Toll-free: (800) 437-0048 | Fax: (603) 899-4394 | admissions@franklinpierce.edu | franklinpierce.edu

Aug 2022