MARSHALL UNIVERSITY®
Joan C. Edwards School of Medicine

Marshall University Joan C. Edwards School of Medicine (MUJCESOM)
MD Admissions Policy and Procedures

I. MISSION STATEMENT

We are empowering the future of medicine by elevating education, driving discovery, and championing wellness throughout Appalachia and beyond.

II. STRUCTURE OF ADMISSIONS COMMITTEE

A. GOVERNANCE

The governance of the full Admissions Committee is comprised of a Chair, Vice Chair, and the Executive Committee. The Dean appoints the Chair and Vice Chair for the Admissions Committee. The Chairs and Vice Chair are non-voting members and serve a two-year term. Committee members who also serve on the Dean's Staff are not permitted to vote on medical school admission decisions. When they do participate in voting, it is solely in the context of Executive Committee administrative duties and does not pertain to decisions regarding whether a candidate is accepted to medical school. The Executive Committee is a subcommittee of the Admissions Committee and includes the Chair, Vice Chair, and all Assistant, Associate, and Vice Deans who serve on the Admissions Committee.

The Chair of the Admissions Committee shall provide overall leadership for the Admissions Committee. This includes ensuring that the committee process reflects institutional goals and maintains impartiality and fairness in all committee deliberations. He/she will convene and preside over all meetings of the Admissions

Committee, approve meeting agendas, delegate responsibility of conducting meetings in event of own absence, appoint ad hoc subcommittees as needed to address admissions-related issues, and ensure the committee operates in compliance with LCME standards. The Vice-Chair will assist the Chair in said duties and will assume the role of the Chair as needed.

The Executive Committee is charged with reviewing recommendations for new members to join the Admissions Committee.

B. MEMBERSHIP

The JCESOM Admissions Committee is composed of 20 voting members. These include full-time basic science and clinical faculty members, along with 2 fourth-year medical students. At least 51% of the voting members at all meetings must be faculty. In addition, the committee may include community physicians, medical residents, medical school administrators, undergraduate faculty from the main Marshall University campus, and community representatives.

The Admissions Committee operates as an independent body, free from external influence. The committee's responsibilities include developing and recommending criteria for applicant admissibility, establishing methods and procedures for evaluating applicants, and selecting candidates for admission. The committee holds the final authority for admission decisions, including those for traditional applicants as well as applicants to dual-degree and pathway programs.

New Members - Nominations for new members for the Admissions Committee may be submitted by current or former committee members, departmental chairs, or through self-nomination. Medical student representatives are not eligible to nominate members. The Executive Committee reviews all nominations to assess each nominee's interest in serving, availability, and ability to meet the responsibilities of committee membership, including regular participation in interviews and consistent attendance at meetings.

Vacant positions are filled by the Executive Committee by a simple majority vote. Selections are made using a comprehensive approach that considers judgment, clinical or administrative experience, and willingness to serve. Following this selection process, the Executive Committee submits the proposed membership roster to the Dean for review. In accordance with the established policy, the Executive Committee ensures that faculty members comprise no less than fifty-one percent of the Admissions Committee. Each appointed member is expected to serve a two year term with the option to serve additional terms.

Medical student membership will consist of up to four students. Each year, two third-year medical students will be elected by their class to serve a two-year commitment on the Admissions Committee. Both 3rd and 4th-year medical students participate in training sessions and sign the confidentiality/conflict of interest form. The expectations of student committee members differ from the first year to the second year. M3 students serve a minimum of 2 two-hour interview blocks. Students are given access to applications for review prior to the interviews. They are to observe quietly during the interview but may be included in the post-interview collaboration on applicant-scoring. Students are also expected to attend a minimum of 2 Admissions Committee meetings. M3 students do not have voting privileges. M4 students participate as interviewers for a minimum of 1 interview block per month. They are welcome to conduct more interviews as their schedules allow. M4 students have voting privileges at the admissions committee meetings but do not count toward a quorum.

All new and returning Admissions Committee members are required to complete an annual, in-depth orientation and training session prior to the start of the interview season. This mandatory session includes a comprehensive review of admissions policies, procedures, and processes. Committee members may not participate in any admissions-related activities unless they have successfully completed both the orientation/training session and the accompanying post-training assessment.

C. EXECUTIVE SUBCOMMITTEE

1. Charge

The Executive Committee is responsible for reviewing all nominations for membership of the full Admissions Committee. This review includes an assessment of each nominee's demonstrated interest, availability, and capacity to actively participate in committee responsibilities, including regular attendance. Vacancies are filled by a simple majority vote of the Executive Committee (refer to the New Membership section above).

The Executive Committee is also charged with establishing ad hoc workgroups, as necessary, to evaluate and analyze components of the admissions process and other related matters in response to evolving needs and circumstances. Workgroup members are appointed by a simple majority vote, and their membership will conclude upon completion of their designated tasks.

2. Membership

The Executive Committee includes the Chair, Vice Chair, and all Assistant, Associate, and Vice Deans who serve on the Admissions Committee.

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III. ADMISSIONS COMMITTEE SUPPORT TEAM

The following team members are not voting members of the Admissions Committee but are fully vetted by the Committee and trained to assist in the interview process.

ADMISSIONS INTERVIEW TEAM (AIT)

The Admissions Interview Team (AIT) is responsible for interviewing and evaluating medical school applicants. While AIT members play a critical role in the admissions process, they do not hold voting privileges on the full Admissions Committee.

AIT elections are conducted annually or as needed to ensure broad at-large

representation. Membership may include, but is not limited to, faculty, fellows, residents, emeritus faculty, alumni, community physicians, undergraduate faculty from the Marshall University campus, and community representatives.
To fill open at-large positions, the Dean of Admissions will issue a call for nominations outlining member responsibilities and requirements. Nominations are also solicited from Department Chairs, the Office of Faculty Advancement, the Faculty Senate, current committee members, or through self-nomination. AIT members will serve a three-year term.

IV. ADMISSIONS COMMITTEE STANDARDS

A. NONDISCRIMINATION

There is no discrimination because of race, color, gender, gender identity, sexual orientation, religion, age, disability, pregnancy, national or ethnic origin, political beliefs or veteran status. (Marshall University Anti-Discrimination Policy).

B. CONFIDENTIALITY

All functions of the Admissions Committee are to be held in confidence by its members, according to the Family Educational Rights and Privacy Act (FERPA) guidelines. Information gathered and/or discussed during the admissions process shall only be disseminated to those individuals with a need to know, to ensure a lawful and effective admissions process. The Director of Enrollment Management secures all recorded data of the Admissions Committee.

C. CONFLICT OF INTEREST

Faculty, staff, students and community members are expected to uphold the highest standards of professional integrity and to avoid any financial, supervisory, advisory, mentorship, personal relationships, or acceptance of gifts that may constitute a conflict of interest. To support this commitment, the Admissions Committee members are annually required to sign the Conflict-of Interest policy.

(https://jcesom.marshall.edu/media/57552/coi-policy.pdf). Any Admissions Committee member with a first degree relative applying for medical school at the MUJCESOM must recuse themselves for the entire admissions cycle.

V. APPLICANT REQUIREMENTS

A. RESIDENCY

All applicants to the Marshall University Joan C. Edwards School of Medicine must be U.S. citizens or have permanent resident visas. Qualified applicants can apply regardless of their state of legal residence. As a state assisted medical school, MUJCESOM gives preference to West Virginia residents.

B. APPLICANTS WITH PRIOR ENROLLMENT AT ANOTHER MEDICAL SCHOOL

Applicants previously enrolled at another medical school must reveal that enrollment as part of their AMCAS application. Once the AMCAS application is in a verified status and reviewed by Admissions personnel, the applicant must provide a transcript of courses and grades received at the previous medical school, as well as a statement giving the reasons for not completing the curriculum there. A letter of evaluation from the administration of the prior school supporting the applicant's reasons for not completing the curriculum and stating that the student would be eligible to return to that school must be received prior to consideration of the application.

Consideration of such an applicant is limited to those with compelling circumstances both for not completing the prior medical school and for desiring to enter the JCESOM. Admission with advanced standing would not be considered in such a case.

C. PREREQUISITES

All applicants should have a bachelor's degree from an accredited college or university. Exceptionally well-qualified students with a minimum of ninety credit hours of academic work may be considered if other requirements are met. Minimum course requirements

are:

PREREQUISTES:

REQUIRED COURSES	SEMESTER HOURS
GENERAL BIOLOGY OR ZOOLOGY WITH LAB	8
GENERAL CHEMISTRY WITH LAB	8
ORGANIC CHEMISTRY WITH LAB	8
BIOCHEMISTRY	3
PHYSICS WITH LAB	8
STATISTICS OR BIOSTATISTICS	3
ENGLISH	6
SOCIAL OR BEHAVIORAL SCIENCE	6

HIGHLY RECOMMENDED COURSES:

CELLULAR AND MOLECULAR BIOLOGY
IMMUNOLOGY
ANY COURSE IN PHYSIOLOGY OR ANATOMY (300 LEVEL & ABOVE)

All prerequisites must be completed at an accredited college or university in the U.S. or Canada and must be passed with a grade of "C" or better by June 15 of the year of matriculation. The level of these required courses should be equal to courses for those majoring in these respective fields. If Advanced Placement or College Level Examination Program credits are on the college transcript, these may be accepted as a fulfillment of a prerequisite providing there is evidence of proficiency in the subject: examples of proficiency may be successful completion of a more advanced course in that field or a strong Medical College Admission Test (MCAT) score. With the exception of the 2020-2021 and 2021-2022 academic years, online courses may not be used to fulfill Biology, Chemistry, Physics, and Mathematics (BCPM) science

prerequisites.

Prerequisites will be reviewed on a regular and systematic basis, at least every 2-3 years, with interim review as needed in response to changes in curricular design, applicant preparedness, or national admissions expectations. The review will be led by the Admissions Committee in collaboration with key stakeholders, including curriculum leadership, basic and clinical science faculty, student affairs, pre-health advisors, and current students. Updates will be informed by evolving competency expectations in medical education, including guidance from the AAMC, as well as the LCME and relevant changes in standardized testing such as the MCAT. The purpose of this ongoing review process is to ensure that prerequisite requirements remain current, evidence-based, equitable, and aligned with the knowledge and skills needed for success in medical school and future clinical practice.

D. MEDICAL COLLEGE ADMISSIONS TEST (MCAT)

The MCAT is required and used along with other data to predict success in preclinical course work. The MCAT must be taken within three calendar years prior to matriculation. Applicants are encouraged to review the current requirements (Admissions Criteria) to determine competitiveness for acceptance. Applicants from the BS/MD and Early Assurance programs who meet program-specific criteria are exempt from the MCAT requirement but are still encouraged to take the MCAT to reinforce foundational science knowledge, provide an opportunity for self-assessment, and in the case of Early Assurance, increase eligibility for merit-based scholarships.

E. LETTERS OF RECOMMENDATION

Three letters of recommendation or a composite premedical advisory committee letter are required. Letters of recommendation should be written by individuals who can speak about the applicant's qualifications for entering the field of medicine.

VI. APPLICATION PROCESS

A. AMCAS APPLICATION

The first step in the formal application process is submitting an online application through AMCAS—the American Medical College Application Service. AMCAS allows students to apply to any participating medical school using a single application and set of transcripts. Transcripts should be sent to AMCAS as directed in their instructions. Applications for admission are accepted by AMCAS from June 1 to November 1 of the year prior to intended enrollment. Since Marshall University Joan C. Edwards School of Medicine uses a rolling admissions process, it is strongly recommended that applicants submit their AMCAS application and all supplemental materials as early as possible to enhance their chances of acceptance.

B. SUPPLEMENTAL APPLICATION

Applicants with verified AMCAS applications who meet the admissions requirements (Admissions Criteria) may be invited to complete a supplemental application via the WebAdMIT gateway. There is a non-refundable supplemental application fee of $75.00 for West Virginia residents and $100.00 for nonresidents. If the applicant has received a fee waiver from AMCAS, the supplemental application fee to Marshall is also waived. Supplemental application materials must be submitted by December 15 of the year prior to enrollment.

VII. INTERVIEW SELECTION AND PROCESS

A. INTERVIEWER TRAINING

All interviewers must complete an in-depth annual orientation and training session. This training provides guidance on conducting interviews, outlines inappropriate topics, and identifies the applicant qualities to be evaluated.

B. INTERVIEW SELECTION

Once the Office of Admissions confirms that an MD application is complete, the file

is reviewed for potential interview selection in accordance with established criteria. The following considerations are prioritized:

- West Virginia residency
- Rural background
- Demonstrated interest or experience in rural medicine

C. INTERVIEW FORMAT

Applicants selected for interviews will be invited to participate in a virtual interview conducted by a member of the Admissions Committee (AC) and a member of the AIT.

D. INTERVIEW PROCESS

Interviews are conducted virtually by invitation only. The interview is semi-structured and scored. The purpose is to assess the applicant's motivation, personal characteristics, communication skills, and commitment to a career in medicine. Additionally, the interview allows the Admissions Committee to gain deeper insight into the applicant's personal interests and attitudes while also offering the applicant an overview of the medical school and campus culture.

E. POST-INTERVIEW ASSESSMENT

Following the interview, the two interviewers discuss the interview and agree on scoring. The admissions committee interviewer submits an online assessment and numerical score to the Office of Admissions. These materials are presented at the next available Admissions Committee meeting for discussion and consideration.

F. RECORD KEEPING

Interview assessments and scores are maintained in the applicant's file until a final admissions decision is made.

G. REQUEST FOR ADDITIONAL INTERVIEW

Applicants may contact the Office of Admissions to request an additional interview if they believe a conflict of interest or bias occurred during their original interview.

The additional interview will be scheduled for a later date based on the applicant's preference and availability.

H. DUAL DEGREE PROGRAM INTERVIEW PROCESS

The medical school admissions committee has full authority over the acceptance process into the MD program. If the applicant is applying to a Marshall dual degree program, applicants will first undergo the standard medical school interview process described in this section. If accepted into the medical school by vote of the full admissions committee in the process outlined below, the candidate will receive acceptance notification from the School of Medicine and move forward to a second interview by dual degree program faculty for consideration of admission into the dual degree program. If accepted by MD admissions committee, the offer to join the medical degree program will stand regardless of the decision of the dual degree program.

VIII. MD ADMISSIONS COMMITTEE PROCESS OUTLINE

The Joan C. Edwards School of Medicine is committed to ensuring a thorough and fair review of every applicant selected for interview. The Admissions Committee operates as an independent body, with its procedures, guidelines, and practices determined by majority vote.

A. QUORUM REQUIREMENTS

A quorum is defined as 11 voting members of the Admissions Committee from the pool of 18 quorum eligible voting members (excludes the two MS4 representatives). Of those present, a minimum of six must be faculty members. The voting majority must be faculty.

B. MEETING SCHEDULE AND PARTICIPATION

Committee meetings are typically held from September through March, on the day agreed upon by the Admissions Committee.

C. DATA SECURITY AND RECORD RETENTION

All Admissions Committee records are secured by the Director of Enrollment Management and retained in accordance with the Association of American Medical Colleges (AAMC) Records Retention Guidelines.

D. CANDIDATE PRESENTATION AND SCORING

During Admissions Committee meetings; members will present applicants for consideration. During presentations, full application files are accessible to all committee members. After discussion, members will vote to accept, reject or hold. A simple majority determines the committee's decision regarding the applicant.

E. NOTIFICATION OF DECISIONS

Following each meeting, applicants are notified in writing of one of three decisions: ACCEPT, HOLD, or REJECT. Applicants placed on HOLD remain active candidates until a final decision is made.

F. FILE RECONSIDERATION AND RE-INTERVIEWS

Applications may be recalled for further review based on new information or at the request of any committee member. A request for re-interview requires majority approval from members present and must include a clearly stated rationale.

G. CLASS SIZE AND ACCEPTANCE OFFERS

The Admissions Committee will extend offers of acceptance based on class size. The remaining qualified applicants will be placed on the waitlist.

H. WAITLIST MANAGEMENT

All waitlisted applicants are voted acceptable by the admissions committee. The waitlist is unranked. The Admissions Office, acting on delegated authority from the Admissions Committee, selects applicants from the waitlist. They will prioritize the following considerations:

- West Virginia residency
- Rural background

- Demonstrated interest or experience in rural medicine

I. FINAL REVIEW AND COMPLIANCE

Prior to sending final disposition letters to applicants, the Director of Enrollment Management will verify that all admission requirements, including residency and compliance with institutional policies, have been met.

1. **Waitlisted Applicants**: Applicants on the waitlist are encouraged to submit updated grades and relevant information. The Admissions Office will review this information when filling vacancies in the class.

2. **Deferred Matriculation:** Accepted applicants may request a one-year deferral of matriculation. Requests must be submitted in writing to the Admissions Committee by June 1 prior to matriculation and must include the reason for the request. Requests received after June 1 will not be considered unless the request is due to medical reasons. Deferred applicants should contact the Office of Admissions for further instructions.

J. CLASS SUMMARY REPORT

The Admissions Office will provide the Admissions Committee with a report summarizing the final class composition, including the number of students admitted from the waitlist**.**

K. ANNUAL REVIEW OF ADMISSIONS PROCESS

The admissions committee will perform an annual continuous quality improvement (CQI) review of the admissions process to ensure it remains fair, transparent, efficient, and aligned with institutional mission and best practices. This review will include a systematic evaluation of each stage of the admissions workflow, including application screening, interview processes, scoring rubrics, committee decision-making, and final selection procedures. Relevant quantitative and qualitative data—such as applicant demographics, interview outcomes, matriculation trends, committee feedback, and stakeholder concerns—will be analyzed to identify patterns, potential bias, bottlenecks, or unintended barriers.

Findings from the CQI process will be used to guide ongoing improvements to policies, procedures, and training of committee members. Where appropriate, recommendations may include revisions to scoring tools, clarification of evaluation criteria, enhanced reviewer calibration, or modifications to committee structure and workflow. The committee will document outcomes of the annual review and track action items to ensure follow-through and measurable improvement over time.

IX. AAMC ACCEPTANCE PROTOCOLS

Marshall University JCESOM follows the AAMC Application and Acceptance Protocols defined below:

A. *In fairness to other applicants, if you have decided before April 30 not to attend a medical school or program that has offered you acceptance, promptly withdraw your application from that school(s) or program(s).*
B. *Out of respect for other applicants, if you receive an offer of acceptance from more than one school or program:*
    1. *Withdraw your acceptance from any school or program you do not plan to attend as soon as you have made that decision.*
    2. *On or before April 15, narrow your selection(s) to no more than three schools or programs, and withdraw your acceptance(s) from all other schools or programs; and*
    3. *On or before April 30, choose the school or program to which you plan to matriculate and promptly withdraw your acceptances from all other schools or programs.*
C. *If you receive additional acceptances following April 30, it is your responsibility to promptly notify any school(s) you have decided not to attend. Your decision should be made by the deadline established by the medical school(s).*
D. *Applicants must commit to enroll in MU JCESOM by April 30, 2026. Failure to do so may result in a rescinded offer of admission.*

X. ADVANCED STANDING TRANSFER ADMISSIONS

MUJCESOM considers applications for advanced standing transfer admissions under very

limited situations which are outlined in this policy:
(http://jcesom.marshall.edu/media/53892/transfer-student- policy.pdf)

XI. TECHNICAL STANDARDS

In accordance with section 504 of the Rehabilitation Act of 1973 (PL 93-112) and following careful review of the 1979 report by a Special Advisory panel on Technical Standards of the Association of American Medical Colleges, and incorporating the guidelines of the Americans with Disabilities Act (ADA PL 101-336) enacted by Congress in 1990, the Marshall University Joan C. Edwards School of Medicine (MUJCESOM or School of Medicine) has adopted minimal technical standards for the assessment of all Medical Degree candidates (henceforth referred to as Candidates) to the School of Medicine. A Candidate at MUJCESOM must be capable of acquiring and demonstrating all program objectives across the six core competencies, which include: medical knowledge, patient care, interpersonal and communication skills, practice-based learning and improvement, professionalism, and systems-based practice with or without reasonable accommodation due to disability.

Candidates to the MUJCESOM are selected based on their academic, personal, and extracurricular dimensions. In addition, Candidates must have the intellectual, physical, and emotional capacities to meet the requirements of the school's curriculum and for a successful medical career.

Essential abilities and characteristics required for the completion of any Doctor of Medicine (M.D.) degree require certain minimum physical and cognitive abilities as well as sufficient mental and emotional stability to assure that Candidates for admission, retention and graduation can complete the program and participate fully in all aspects of medical training.

Candidates must have abilities and skills in observation, communication, motor, conceptual, integrative, quantitative, behavioral, and social areas as outlined below. The following abilities and characteristics are defined as Technical Standards, which are a part of the school's requirements for admission, retention, and graduation:

A. OBSERVATION: Candidates must be able to acquire information from demonstrations and participate in experiments of science, including but not limited to such things as dissection of cadavers; examination of specimens in anatomy, pathology, and neuroanatomy laboratories; and microscopic study of microorganisms and tissues in normal and pathological states. Candidates must be able to accurately acquire information from patients and assess findings. They must be able to perform a complete physical examination in order to integrate findings based on this information and to develop an appropriate diagnostic and treatment plan. These skills require the use of vision, hearing, and touch or the functional equivalent.

B. COMMUNICATION: Candidates must be able to communicate effectively and efficiently with patients, their families, health care personnel, colleagues, faculty, staff, and all other individuals with whom they come in contact. Candidates must be able to obtain a medical history in a timely fashion, interpret non-verbal aspects of communication, and establish therapeutic relationships with patients. Candidates must be able to record information accurately and clearly; and communicate effectively and efficiently in English with other health care professionals in a variety of patient settings.

C. MOTOR FUNCTION: Candidates must, after a reasonable period of training, possess the capacity to perform physical examinations and diagnostic maneuvers. They must be able to respond to clinical situations in a timely manner and provide general and emergency care. These activities require adequate physical mobility, coordination of both gross and fine motor neuromuscular function and balance and equilibrium.

D. INTELLECTUAL-CONCEPTUAL, INTEGRATIVE, AND QUANTITATIVE ABILITIES: Candidates must be able to assimilate the detailed and complex information presented in the medical student curriculum. They must be able to learn through a variety of modalities including, but not limited to, classroom instruction; small group, team, and collaborative activities; individual study; preparation and presentation of reports; simulations and use of computer technology. Candidates must be able to memorize, measure, calculate, reason, analyze, synthesize, and transmit information. They must recognize and draw conclusions about three-dimensional spatial relationships and logical sequential relationships among events. They must be able to formulate and test hypotheses that enable effective and timely problem-solving in the diagnosis and treatment of patients in a variety of clinical settings and health care systems.

E. BEHAVIORAL AND SOCIAL ATTRIBUTES: Candidates must demonstrate the maturity and emotional stability required for full use of their intellectual abilities. They must accept responsibility for learning, exercising good judgment, and promptly complete all responsibilities attendant to their curriculum and to the diagnosis and care of patients. Candidates must display characteristics of integrity, honesty, attendance and conscientiousness, empathy, a sense of altruism, and a spirit of cooperation and teamwork. They must understand and demonstrate understanding of the legal and ethical aspects of the practice of medicine and function within both the law and ethical standards of the medical profession. Candidates must be able to interact with patients and their families, health care personnel, colleagues, faculty, staff, and all other individuals with whom they come in contact in a courteous, professional, and respectful manner. The candidate for the MD degree must accept responsibility for learning, and exercise good judgment. Candidates must be able to contribute to collaborative, constructive learning

environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes. Candidates must have physical and emotional stamina and resilience to tolerate physically taxing workloads and function in a competent and professional manner under highly stressful situations, adapt to changing environments, display flexibility, and manage the uncertainty inherent in the care of patients and the health care system.

If a student is unable to maintain satisfactory progress due to an inability to meet technical standards with or without reasonable accommodation, the candidate will be referred to the Academic and Professional Standards Committee as they review the candidate's performance. It is the responsibility of a Candidate with a disability, as soon an offer of acceptance is received and accepted, to request accommodations through the MUJCESOM Office of Student Affairs in order to meet these technical standards (Policy and Application Process for Requesting Reasonable Accommodations).

Accommodation will only be applied from the effective date of approval.

Procedure:

1. MD Candidates will review and sign that they have read and understand the Technical Standards upon acceptance.

2. MD Candidates will review and sign that they have read and understood the Technical Standards upon matriculation, M2 orientation, M3 orientation and prior to their M4 year.

3. Re-affirm the Technical Standards upon reentry to JCESOM after any leave of absence from JCESOM.

February 1, 2013, Admissions Procedures Draft Document forwarded to Admissions Committee for review. The Admissions Committee reviewed, discussed and adopted procedural changes on February 5, 2013. The procedural document was reviewed, revised and adopted by the Admissions Committee on October 29, 2013. The procedural document was reviewed, revised and adopted by the Admissions Committee July 21, 2015. The procedural document was reviewed, revised and approved by the Admissions Committee on May 10, 2016. Policy was reviewed, revised and approved, September 7, 2017. The Procedural document was reviewed and updated, December 7, 2018. The procedural document was reviewed, revised and approved, October 5, 2020. The Admissions Committee reviewed and approved updates on March 15, 2021. The procedural document was revised and approved by the Admissions Committee on January 18, 2023. The Technical Standards were revised and approved by the Curriculum Committee on June 15, 2023, and the Admissions Committee on June 21, 2023. The Admissions Procedural document was revised and finalized July 21.2023. The Admissions Policy was revised and approved by the Admissions Committee on January 16, 2024. The Admissions Policy was revised and finalized February 28, 2024. The Admissions Policy was revised and finalized March 25, 2025. The

Admissions Policy was revised and finalized in August 2025.The Admissions Policy and Procedures was revised and approved by the admissions committee April 2026.