



Letter of Commitment
OMPP Burrell College of Osteopathic Medicine
Letter of Commitment

I, _____ (print full name) (Aggie ID: _____),
do hereby solemnly declare:

My commitment to apply exclusively to the Burrell College of Osteopathic Medicine upon my successful completion of the Osteopathic Medicine Pathway Program (OMPP).

Successful completion of the OMPP includes, but is not limited to:

1. Fulfilling all parts of your signed Participation Agreement including, but not limited to:
 - a. Applying to the Burrell College of Osteopathic Medicine through AACOMAS during my senior year of undergraduate studies. I understand that it is my responsibility to ensure I meet all admissions requirements set forth by Burrell College, including requirements that may not be specifically disclosed in OMPP documents, and follow the set admissions process of evaluation, including interview and review by the Burrell College Medical Student Admissions Selections Committee.
 - i. If the Burrell College Medical Student Admissions Selections Committee recommends the rejection of the applicant, the applicant will not be offered admission to Burrell College.

My commitment to exclusively apply to Burrell College of Osteopathic Medicine includes:

1. Not applying to any other medical schools, allopathic or osteopathic, and agreeing to withdraw any applications already submitted.
2. Expressly authorizing the Burrell College of Osteopathic Medicine to notify all other allopathic and osteopathic medical schools of my commitment to the Burrell College of Osteopathic Medicine.
3. My acknowledgment and agreement to attend Burrell College of Osteopathic Medicine. I understand that should I not matriculate to the class in which I am offered admission, I will have to reapply and follow the Burrell College of Osteopathic Medicine application process and will no longer be considered an OMPP participant.

My signature below indicates that I have read, understand, and agree with all aspects of this document and recognize my responsibilities outlined. I acknowledge that if I fail to meet any of the requirements for admission, including those provided to me in the subsequent cycle, I forfeit my potential seat at the Burrell College of Osteopathic Medicine.

Signature: _____ Date: _____