Twenty-Seven Month Accelerated Optometry Degree Program (AODP)
Admission Requirements & Instructions for Application

To obtain an application form and any additional information contact the Admissions Office at:
admissions@neco.edu or call 617/587-5580 or 1-800-824-5526. All applicants must download the application
from the website (www.neco.edu) or use the application attachment sent from the Admissions Office
(admissions@neco.edu). DO NOT use the on-line centralized application for this program.

1. The application form must be filled out completely as it applies to you. The optional questions are for statistical
purposes only, and are not factors in the acceptance decision.

2. A non-refundable application fee of $75.00 US made payable to New England College of Optometry. Only
personal checks drawn on banks in the United States, money orders, travelers or cashiers checks will be
accepted. Please do not send cash.

3. Please enclose your curriculum vitae when you submit your application.

4. The Optometry Admission Test (OAT) is required and should be taken as soon as possible. For informational
materials regarding the OAT, write or call the Optometry Admission Testing Program, 211 East Chicago
Avenue, Suite 1840, Chicago, Il 60611-2678, telephone: (312) 440-2693.
To register on-line for the OAT exam, access the ASCO website- www.opted.org.

5. Applicants whose native language is not English are required to take the Test of English as a Foreign
Language (TOEFL). A total score of 88 including a 22 on the Speaking section is required. Please instruct the
Educational Testing Service to send official score reports to the college. For additional information with regard
to testing sites, dates, etc. write TOEFL Services, P.O. Box 6151, Princeton, New Jersey 08541 USA or check
the Web site at http://www.ets.org/toefl. The Admissions Committee reserves the right to require applicants to
undergo further language testing if deemed necessary. The internet (iBT) TOEFL test is required.

If you have taken IELTS, score requirements are:
International English Language Testing System (IELTS): a minimum total score of 6.5
including a 7 on the Speaking section is required. The IELTS Academic test is required.
Only one language test is required.

6. At least two Requests for Confidential Recommendation forms must be completed and returned to the College.

7. Official transcript(s) must be submitted directly to the Admissions Office from the issuing institution(s) for all
of your undergraduate and graduate course work. Photo copies, as well as notarized copies, will not be
accepted. Transcripts must indicate the courses taken, grades/points received, and certificate/degree
obtained. If the transcript does not indicate the degree awarded, an official document attesting to the
award of the degree must be included.

8. Graduates of foreign universities or colleges must provide a Course-by-Course US evaluation of their
educational credentials prepared by the World Education Services.
For additional information on how to apply, visit their website: www.wes.org.

IMPORTANT DATES, DEADLINES, and INFORMATION:
• ALL materials and test scores indicated above must be received by the Admissions Office no later than
September 15th prior to the year of anticipated matriculation.
• Review of applications is limited to applicants whose applications are complete.
• Final decisions for acceptance are November 15 for classes starting in March of the following year.
The program begins each year in early March. Contact the Admissions Office for additional
information: admissions@neco.edu, 617/587-5580 or 1-800-824-5526.
ACCELERATED DOCTOR OF OPTOMETRY PROGRAM
APPLICATION FORM

Mailing address:
New England College of Optometry
Accelerated Doctor of Optometry
424 Beacon Street
Boston, Massachusetts  02115
Phone: (617) 587-5580 or (800) 824-5526 Fax: (617) 587-5550
E-mail: admissions@neco.edu
Website: www.neco.edu

For Office Use Only

☐ App Fee ☐ OAT (date)____
☐ Transcripts  ☐ Recs (date)____
☐ TOEFL  ☐ WES (date)____
☐ C.V. (date)____

U.S. Social Security # or Canadian Social Insurance # (if applicable): ________________________________

Name: ________________________________
last first middle

Mailing Address: valid until: (date) __________ Telephone __________
area code/country code number

________________________
street apt. no.

________________________
city/town state/province zip/postal code

E-mail address ________________________________ Fax ________________________________
area code/country code number

Citizenship Information:
Are you a citizen of the United States? ☐ Yes ☐ No
If YES, in what state are you a legal resident? ________________________________
If NO, print your country(ies) of citizenship ________________________________

Are you eligible for U.S. Veteran’s benefits? ☐ Yes ☐ No

If you are not a U.S. citizen but you reside in the U.S., please check one:

☐ I am a permanent resident and have attached a copy of my permanent resident card (front /back).

☐ I hold a ________________ visa. Its expiration date is ________________ / ________________
(type month year)
(Please attach a copy of this information.)

Optional Information (for statistics only):

Date of Birth: __________ / __________ / __________ Sex: ☐ Male ☐ Female

If you are a U.S. citizen or permanent resident of the United States, please check one:

☐ Chinese ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian __________
☐ Chicano/Mexican American ☐ Cuban ☐ Puerto Rican ☐ Other Hispanic __________
☐ Black American ☐ White American ☐ Indian ☐ Native American ☐ Other __________

Tel: 617.266.2030 • Fax: 617.587.5555 • 424 Beacon Street • Boston, MA 02115 • www.neco.edu
Previous Education:

Name of last secondary or high school attended and date of graduation: ________________________________

Please list all educational institutions attended after secondary or high school *(attach an additional sheet if necessary).*

**Educational Institution 1**

Name of University: ____________________________________________

City/Country: ____________________________________________

Month/Year of Attendance: From: ____________ To: ____________

Name of Degree/Diploma/Certificate: ________________________________

Month and Year Degree/Diploma received: ________________________________

Area of Specialization: ____________________________________________

**Educational Institution 2**

Name of University: ____________________________________________

City/Country: ____________________________________________

Month/Year of Attendance: From: ____________ To: ____________

Name of Degree/Diploma/Certificate: ________________________________

Month and Year Degree/Diploma received: ________________________________

Area of Specialization: ____________________________________________

**Educational Institution 3**

Name of University: ____________________________________________

City/Country: ____________________________________________

Month/Year of Attendance: From: ____________ To: ____________

Name of Degree/Diploma/Certificate: ________________________________

Month and Year Degree/Diploma received: ________________________________

Area of Specialization: ____________________________________________
Other Activities and Work Experience:

Honors and Publications (if not indicated on your enclosed Curriculum Vitae (C.V.):
List prizes, distinctions, or other honors, and list your significant publications, research projects or other work:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

In the order of their importance, list your main extracurricular and/or community activities. Indicate the extent of your participation. (Use a separate sheet if necessary):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Required Tests:

1. The Optometry Admission Test (OAT), is required of all applicants, no exceptions.

2. Applicants whose native language is not English are required to take the Test of English as a Foreign Language (TOEFL). A total score of 88 including a 22 on the Speaking section is required. Please instruct the Educational Testing Service to send official score reports to the college. For additional information with regard to testing sites, dates, etc., write TOEFL Services, P.O. Box 6151, Princeton, New Jersey 08541 USA or check the Web site at http://www.ets.org/toefl. The Admissions Committee reserves the right to require applicants to undergo further language testing if deemed necessary. The internet (iBT) TOEFL test is required.

If you take IELTS for your language test, the following scores are required:

International English Language Testing System (IELTS): a minimum total score of 6.5 including a 7 on the Speaking section is required. Official score reports must be sent to the College.

Have you taken the OAT? (circle one) ❑ Yes ❑ No
If YES, indicate the date on which you took it:
Month: ________ Year: ________

If NO, indicate the date you will be taking it:
Month: ________ Year: ________

Have you taken the TOEFL/IELTS test? (circle one) ❑ Yes ❑ No
If YES, indicate the date on which you took it:
Month: ________ Year: ________

If NO, indicate the date you will be taking it:
Month: ________ Year: ________
Recommendations:

Please print the names of those who will be returning the request for Confidentiality Forms:

Name: ___________________________ Title: ___________________________
Name: ___________________________ Title: ___________________________
Name: ___________________________ Title: ___________________________

If any member(s) of your immediate family attended The New England College of Optometry, please list their name(s) and year(s) of graduation or dates attended:

Name(s): ___________________________ Date: ___________________________
Name(s): ___________________________ Date: ___________________________

Sources of Influence:

Indicate the source(s) which had an influence on your decision to apply to The New England College of Optometry.

☐ Alumnus or Student     Name: ___________________________
☐ Faculty                Name: ___________________________
☐ Employer/Optometrist   Name: ___________________________
☐ Other                  ___________________________

I certify that all information submitted by me as a part of this application is complete and accurate. False information will invalidate this application and result in immediate rejection of admission, dismissal from the College or revocation of New England College of Optometry awarded degrees. I agree that any material submitted with this application becomes the property of New England College of Optometry.

Signature ___________________________ Date ___________________________

Return application materials and your non-refundable $75 application fee to the Admissions Office, New England College of Optometry, 424 Beacon Street, Boston, MA 02115 USA
PERSONAL ESSAY/STATEMENT

In the space provided and on additional pages as needed, respond to the following three questions. Please type or print clearly.

1. Having obtained an advanced doctoral degree (i.e. Ph.D or M.D.), why do you now wish to become an Optometrist?

2. What are your goals, intentions, and expectations after completion of a Doctor of Optometry Program?

3. What characteristic do you think one needs to have to become a successful Optometrist?
Accelerated Doctor of Optometry Program
REQUEST FOR CONFIDENTIAL RECOMMENDATION

Name of Applicant: ____________________________________________________________
(print or type)

Under federal legislation a student has a right of access to this recommendation if admitted and registered as a student at
New England College of Optometry unless he/she waives his/her right of access to this material.

I hereby voluntarily and irrevocably waive my right to access this form and any attached letters of recommendation.

Signed _________________________________ Date __________________

The person named above has applied to a special program at New England College of Optometry and, has listed you as a
reference. The program compresses the regular four-year optometry curriculum so that people with an earned doctorate in
the sciences may earn the Doctor of Optometry (O.D.) Degree in twenty seven months. The workload for the student is
heavy with an average of about 30 hours of classes and/or clinic assignments per week. People who enter this program
experience considerably more disruptions of their personal lives than do undergraduates who apply to the conventional
four-year program in optometry. The curriculum includes work in optics, biochemistry, anatomy, physiology, pathology,
pharmacology, and sensory psychophysiology, as well as professional topics in optometry and intensive clinical practice.
We would appreciate it if you would complete the following form. If you wish to make further comments feel free to
submit an additional letter.

I. Your relationship to the applicant:
A. How long have you known the applicant? __________________________________________
B. In what capacity? ______________________________________________________________

II. Personal and Professional Appraisal:
Experience has shown that the accelerated program can be stressful intellectually, emotionally, and financially.
Success in the program requires strong personal characteristics, motivation and intelligence. Thus, please identify
negative as well as positive factors.

Rate the applicant on the items below by numerical code of 1-5 (1-outstanding; 2-above average; 3-average;
4-below average; 5-poor; X-insufficient knowledge to rate).
Please indicate the group of people to whom you are comparing the applicant (e.g., undergraduate, graduate,
post-doctorals, colleagues, etc.)?

   A. Initiative       H. Problem solving       O. Ability to work with people
   B. Work habits      I. Emotional stability    P. Empathy
   C. Industry        J. Family stability       Q. Ability to organize efforts of others
   D. Motivation      K. Intellectual capability R. Writing skills
   E. Responsibility   L. Teaching ability      S. Verbal skills
   F. Independence    M. Self-confidence      T. Communication skills with others
   G. Leadership      N. Professional competence
III. Comments:
In the space below, we would appreciate your personal comments that will assist us in having a more complete picture of the applicant’s abilities and potential. A careful discrimination between strong and weak characteristics of the applicant is more helpful than polite praise. Use an additional page if needed.

IV. Recommendation for Admission

- Strongly recommend
- Recommend with Reservation
- Do Not Recommend

Which of the attributes in section II (A-T) were most important to your final recommendation? 

We thank you in advance for completing the recommendation form. We are aware of the time required and, both we and the applicant appreciate your response.

Your name:__________________________________________________________

Title of Position:_____________________________________________________

Address:_____________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

Signature:____________________________________ Date: _________________

E-Mail Address: __________________________ Telephone: ________________

This form must be sent to New England College of Optometry by the recommender.

Return completed form to: New England College of Optometry
424 Beacon Street
Boston, MA 02115 USA
ATTN: Admissions Office