



# ADMISSION INFORMATION

11 Proposed Term of Enrollment (check only one) Spring (January)  Summer (May)  Fall (September)  Year \_\_\_\_\_

34 Check only one (check only one)

Freshman  Check here if you are a beginning freshman.

Transfer  Check here if you have transferable credits from an accredited medical school.

Readmit  Check here if you have ever registered at CMU for credit courses even though you may also have attended another collegiate institution. Previous enrollment was (check all that apply):  Premedical  MD Basic Science  MD Clinical Science

13 Check only one (check only one)

Premedical  Check here if you have graduated from high school or equivalent or have less than 90 credits of undergraduate coursework or equivalent.

MD Basic Science  Check here if you have at least 90 credits of undergraduate coursework or equivalent.

MD Clinical Science  Check here if you have successfully completed minimum two years of Basic Science in an accredited medical school.

36 Premedical Program applicants only: Indicate the high school from which you graduated / will graduate.

<i>School Name</i>	<i>City or Town</i>	<i>State or Country</i>
Graduation date (mm/yyyy)	through (mm/yyyy)	through (mm/yyyy)
<small>Month / Year</small>	<small>Month / Year</small>	<small>Month / Year</small>

Check here if you completed the GED instead of graduating from high school. Indicate all high schools attended in the space provided above. Have your school name, address, city, state, and zip code listed.

15 List all other colleges at which you have enrolled, regardless of grades and/or credit hours earned. Make you ineligible for admission. The decision cannot be made until all transcripts have been received.

Begin with most recent college attended and be sure to complete all requested information.

Name	Credits	GPA	Graduation Date		Major	Degree
			Month	Year		

\* For students with international college credit, indicate years of full-time study instead of credit hours.

38 OECV ueqtgu\*qr vkqpcn

Gzco Fcvg / / Test Scores: VR  PS  WS  BS  Total

Pqvg< OECV ueqtgu ctg qrvkqpcn hqt cf o kuukqp vq EOW J qy xgt Cr rnkcpvu ykvj qwv OECV ujqwnf jcxg uvtqpi ngvgtu qh tgeq o ogpfcvkqp cpf ucukh { vjg Cf o kuukqp Eq o kwgg vjcv jg { rquuguu uvtqpi o qkxcvkqp vq uvvf { o g fkekpg Kh cxckncdng vjg OECV ueqtgu ujqwnf dg ugpv fktgevn { htq o vjg vguvki c igpe { vq vjg EOW Qh Leg qh Cf o kuukqp Vjg eq fg hqt Ectkddgcp Og fkecr Wpkxgtukv { ku 342 :)

17 List all academic awards and/or honors

Date	Award/Honor	Brief Description

3: Jqy"fq"{qw"rncp"vq"Łpcpeg"{qwt"gfwevcvkqpA (list values in % of total cost)

Personal Savings	%	Family/Parental Support	%
CMU MedLoan	%	Other Loans	%
Other Sources	%	_____	

19 Do you prefer to live in CMU dormitories for at least one semester? Yes  No

43 Jqy"fkf"{qw"Łtu"vjgct"cdqww"Ectkddgcp"Ogfkeci"Wpkxgtukv{A (check only one)

Qpnkpg"Cf"_____	VX"Cf"_____	Htkgpf"_____
Search Engine	Newspaper	Other
Rquvgt"_____	Tcfkq" "	_____ "kh"Qvjgt"rngcug"gzrnckp _____

44 Do you have relatives or friends, who are or were students of CMU? Yes  No

If Yes please list name and relationship

Name

Relationship

46 Personal Statement - It is not a substitute for Personal Essay

Rgtuqpcn"uvcvg o gpv"ku"cp"qr rqtvpkv{ "hqt"{qw"vq"vgnn"wu"o qtg"cdqww"{qwtugh"dg{qpf"{qwt"i tcfgu"cpf"vguv"ueqgu0"Hqt"gzco rng."f guetkdg"cp{"urgekcn" cejkxg o gpvu"qt"vcngpvu"vjcv"{qw"rquuguu"uwej"cu"ctvkuvke"qt"ewnwtcn"kpvgtguvul rwtuwkvu"\* rqgvt{."dknkp i wcn"rtqŁekgpe{."gve0+0"Gzrnckp"cp{" rgtuqpcn" gzrgtkgpeg."tgu rqpukdknkvgu"cp flqt"ejcngpi gu"vjcv"jcxg"ko rcevfg"{qw"qt"{qwt"cec fg o ke"cejkxg o gpvu0"Rngcug"y tkvg"{qwt"uvcvg o gpv"qp"c"ugrctcvg" sheet(s) and attach to the application. Please be as detailed as possible in your response.

47 EGTVKHKECVKQP<"I, the undersigned, hereby apply for admission to the Caribbean Medical University and if admitted, I agree to comply ykvj"vjg"twngu"qh"vjg"uejqqn"cpf"vq"eqqrgtcvg" ykvj"vjg"Hcewnv{"cpf"Cf o kpkvctvkqp"kp" o ckpvckpki" jki j"uvcpfctfu"qh" scholarship and conduct. I certify that all the information provided in this application and associated materials are correct, valid and complete.

Kh"{qw"ctg"cr rn{ipi"d{" o ckn."rngcug"tg o g o dgt"vq"uki p the application before you mail it.

Signature \_\_\_\_\_

Date \_\_\_\_\_