

APPLICATION FOR ADMISSION
Caribbean Medical University
Campus: "Pater Euwensweg 25." Ewtcecq" É"Rjqpg<"\*7;;;+"461-5668" É"Hcz"\*224+"499-7454
Cfokuukqpu" QhLeg="7822" P"Tkxgt" Tqcf" Uwkyg": 22" É"Rosemont. "Knnkpqku" 8223: "Wpkygf" Uvcygu"
Rjqpg<"\*:::+":99/648: "É"Hcz<"\*224+"499-7454" É"Gockn<"cfokuukqpu Beowogf (Qtti "É"Ygd<" jwrs<| lyyy@eowogf (Qtti

Please include \$75 nonrefundable application fee payable to "Caribbean Medical University"

	- 5							
F	PGTUQPCN"DCVC							
1	(International applicants note: Please print you gzcevn{"cu"kv"crrgctu"qp"{qwt"rcuurqtv0+	r name						
1	Full Legal Name	Last/Family Name/Surname		First/Given/P	Personal	Middle		
4	Date of Birth	Place of Birth			CIBOTON	*********		
-1	MM/DD/YYYY	Flace of Diffi		City or Town	C	ountry		
U.S. and Canadian applicants only				U97<" <b>(</b>	Ugz<"O"""""""""""""""""""""""""""""""""""			
	Social Security Number	XXX - XX - XXXX						
6	Citizenship	If not U.S. citizen, are you a Permanent Resident? Yes No						
5	Permanent Jqog"Cfftguu				(	)		
	1 0	Number and street or rural route		Apt. No.	. Aı	rea Code Phone Number		
	City or Town	State		Country	у	Zip Code		
8	Current *kh" fkhhgtgpv"htqo "Rgto cpgpv"Cfftt Ocknkpi "Cfftguu	tguu+			(	)		
		Number and street or rural route		Apt. No	o. A	rea Code Phone Number		
_	City or Town	State		Countr	у	Zip Code		
1	Emergency Contact							
		Last Name	First Name			Relationship		
	Date of Birth	Phone ( ) Email						
	$D \ "ejgemkpi" "vjg" dqz." K"cwvjqtk   g"vjcv"gogtigpe \ "eqpvcev" rgtuqp" uvcvgf" cdqxg" vq" ceeguu" o \ "ceefgoke" cpf" \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$							
•	Have you ever been: convicted of a felony/crime	Yes No on	r dismisse	d from any acader	mic institution?	Yes No		
	If Yes please explain							
9	Have you ever been treated for a mental illness or substance abuse? Yes No							
	If Yes please explain							
10	∩ Crrnkecpvøu"G/ockn"Cfftguu			FOR OFFICE USE ONLY				
10			Date	Name	I	Remarks		

C	CDMISSION IPHQTOCVKQP							
<u>11</u>	Proposed Term of Enrollment (check only one) Spring (January) Summer (May) Fall (September) Year							
34	34 Cf o kuukqp"Ecvgiqt{ (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.							
	eadmit 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	3 Cf o kuukqp"Rtqitc o (check only one)							
	Premedical  Check here if you have graduated from high school or equivalent or have less then 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	6 Premedical Program applicants only: Indicate the high school from which you graduated / will graduate.							
	School Name City or Town State or Country							
	Graduation date (mm/yyyy) Fcvgu"qh"Cwgpfcpeg (mm/yyyy) through	/ Voar						
	Month / Year Month							
15	List all other colleges at which you have enrolled, regardless of grades and/or credit hours earned.  Cp"qhLekcn"vtcpuetkrv" o wuv"dg"ugpv"htq o "gcej "eqnngig" cvvgpfgf."gxgp"htq o "uw o o gt"qt"kh"pq"etgfkv" y cu"gctpgf0"Hcknwtg"vq"nkuv"cnn"eqnngigu" ( "wpkxgtukv 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.  Graduation Date	Dogwoo						
	Name Credits GPA Month Year	)egree						
	* For students with international college credit, indicate years of full-time study instead of credit hours.							
38	8 OECV"ueqtgu"*qrvkqpcn×							
	Gzco"Fcvg"""" / Test Scores: VR PS WS BS Total	]						
	Pqvg<"OECV"ueqtgu"ctg"qrvkqpcn"hqt"cfokuukqp"vq"EOW0"Jqygxgt"Crrnkecpvu"ykvjqwv"OECV"ujqwnf"jcxg"uvtqpi"ngvvgtu"qh"tgeqoogpfcvkqp"cpf"ucvkuh{"Cfokuukqpu"Eqookvygg"vjcv"vjg{"rquuguu"uvtqpi"oqvkxcvkqp"vq"uvwf{"ogfkekpg0"Kh"cxckncdng"vjg"OECV"ueqtgu"ujqwnf"dg"ugpv"fktgevn{"htqo"vjg"vguvkpi"cigpe{vjg"EOWnu"QhLeg"qh'Cfokuukqp0"Vjg"eqfg"hqt"Ectkddgcp"Ogfkecn"Wpkxgtukv{"ku"342:0							
17	7 List all academic awards and/or honors							
	Date Award/Honor Brief Description	Brief Description						

(	CFFKVKQPCN" <b>I</b> P	HQTOCVKQI	)				
3:	Jqy"fq"{qw"rncp"vq"Lpcpeg"{qwt"gfwecvkqpA (list values in % of total cost)						
	Personal Savings	%	Family/Parental Support	%			
	CMU MedLoan	%	Other Loans	%			
	Other Sources	% ""	""""""Kh"Qvjgt"Uqwtegu"rngcug"gzr	nckp			
19	Do you prefer to live in CMU dormitories for at least one semester? Yes No						
	<u>-</u>						
43	Jqy"fkf"{qw"Łtuv"	j gct"cdqwv"Ectk	ddgcp"Ogfkecn"Wpkxgtukv{A	check only one)			
	Qpnkpg"Cf"""""""""""""""""""""""""""""""""""						
	Search Engine	Newspape	r Other				
	Rquvgt""""""""""""""""""""""""""""""""""""	""""""""""Tcfkq" "	""""Kh"Qvjgt"rn	gcug"gzrnckp			
11							
44	Do you have relati	ives or friends,	who are or were students of	CMU? Yes No			
	If Yes please list name and re	elationship	Name		Relationship		
1 -	-						
46	Personal Statement - It is not a substitute for Personal Essay Rgtuqpcn"uvcvg o gpv"ku"cp"qrrqtvwpkv{"hqt"{qw"vq"vgnn"wu" o qtg"cdqwv"{qwtugnh"dg{qpf"{qwt"i tcfgu"cpf"vguv"ueqtgu0"Hqt"gzc o rng."fguetkdg"cp{"urgekc cejkgxg o gpvu"qt"vcngpvu"vjcv"{qw"rquuguu"uwej"cu"ctvkuvke"qt"ewnvwtcn"kpvgtguvulrwtuwkvu"*rqgvt{."dknkpiwcn"rtqLekgpe{."gve0H0"Gzrnckp"cp{"rgtuqpc gzrgtkgpeg.""tgurqpukdknkvkgu"cpflqt"ejcnngpigu"vjcv"jcxg"k o rcevgf"{qw"qt"{qwt"cecfg o ke"cejkgxg 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.						
1-	7						
4/	EGTVKHKECVKQP	y kvj "vjg" twngu" q	conduct. I certify that all the inf	j vjg Hcewnv{"cpi"Ci o kpkuvto	rsity and if admitted, I agree to comply sykqp"kp" o ckpvckpkpi" jki j"uvcpfctfu"qh plication and associated materials are		
	Kh"{qw"ctg"crrn{kpi"d{" o ckn."rngcug"tg o g o dgt"vq"ukip the application before you mail it.						
	Signature			1	Date		