

UNIVERSITY OF SINT EUSTATIUS

SCHOOL OF MEDICINE



APPLICATION FOR ADMISSION

International Education Management Corp.

Executive Offices - 6901 Jericho Turnpike - Suite 215 - Syosset - NY - 11791
 Phone: (516) 656-9250 Toll Free: (866) USTATIA (878-2842) Fax: (516) 656-9262
 Email for Basic Sciences Admissions: admissions@eustatiusmed.edu

Please print or type the application. Mail the completed application along with any additional pages and the \$100 (U.S.) non-refundable application fee to the above address. Make check payable to The International Management Corp.

Please place a passport style photo of yourself here.

This application is for:

- Standard four-year Medical Program (1st time applying)
- Transfer application to Basic Sciences Program
- Transfer application to Clinical Education Program
- Master's Program in Undersea and Hyperbaric Medicine

Please rank (from 1 to 3) your choice of preferred starting time...

- Jan 200__ May 200__ Sept 200__

GENERAL INFORMATION	Last Name	First Name	Middle Name
	Social Security (US) or Social Insurance (CAN) Number	Sex	Age (Yrs & Months)
	Date of Birth (mo/day/yr)	City/State/Country of Birth	
	Current Mailing Address		
	City/State/Province/Zip-Postal Code/Country		
	(Area Code) Home Phone	(Area Code) Mobile Phone	
	Work Phone	Email Address	
	Permanent Mailing Address (if different from above)		
	City/State/Province/Zip-Postal Code/Country		
	(Area Code) Permanent Home Phone		
FAMILY INFORMATION	1. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced 2. Name of Spouse/Significant other: _____		
	3a. Spouse date of birth ___/___/___ 3b. Spouse Social Security (US) or Social Insurance (CAN) Number _____		
	4. Number of Dependents (other than spouse): _____		
	5. Names of other Dependents and/or Children: _____ Date of Birth: ___/___/___ <small>If additional dependents please attach sheet</small>		
	_____ Date of Birth: ___/___/___		
	_____ Date of Birth: ___/___/___		
	6. Father's Name: _____ 6a. Occupation: _____		
7. Mother's Name: _____ 7a. Occupation: _____			

CITIZENSHIP STATUS

U.S. Citizen

Permanent Resident

Alien Reg. # _____

Student Visa

Type _____

Country of Citizenship if not the United States _____

Native Language : _____

Date of U.S Entry: _____

OFFICE USE ONLY

1. Yes No c_____ m_____ cc_____ 2. BS transfer - terms to complete _____ Lincoln _____

3. Clinical transfer - weeks to complete _____ Sponsor: _____

Note: _____

ACADEMIC RECORD

Aggregate G.P.A. (Please provide scale if not self explanatory)
 Undergraduate: Undergraduate Science: Graduate: Graduate Science:

List all Colleges/Universities Attended	Dates	Major or Field of Concentration	Degree (if applicable)

List any scholarships, awards, distinctions, or special academic achievements.

RECORD OF GRADUATE EXAMS

Please answer all that are applicable to you:

MCAT: Date(s) Taken: 1st ___/___/___, 2nd ___/___/___

Score 1st Score 2nd

Verbal Phy Sc Writing Bio Sc Verbal Phy Sc Writing Bio Sc

GMAT: Date Taken: ___/___/___, Grade: **TOEFL:** Date Taken: ___/___/___, Grade:

USMLE Step 1: Taken yes no

Date(s) Taken: 1st ___/___/___ 2nd ___/___/___ 3rd ___/___/___

Score 1st / Score 2nd / Score 3rd /

PERSONAL INFORMATION

1. Do you have any physical challenges? Yes No
If yes, please attach explanation on separate sheet.
2. Do you have any medical or psychiatric condition(s) that may require special attention during medical school, noting that some conventional medical services or medications may be unavailable on Sint Eustatius? Yes No
If yes, please attach an explanation on separate sheet.
3. Have you ever been dismissed from an academic institution? Yes No
If yes, please attach explanation on separate sheet.
4. Have you ever been charged with or convicted of a criminal act? Yes No
If yes, please attach explanation on separate sheet.
5. Have you previously attended an American or foreign medical school? Yes No
If yes, please attach explanation on separate sheet.

If Yes: 1. _____ 2. _____ 3. _____

6. Please list the family members and/or other dependents who might reside with you on the island of Sint Eustatius while you are completing the Basic Sciences Program.
1. _____ 2. _____ 3. _____
7. How did you find out about the University of Sint Eustatius School of Medicine? _____
Please indicate the name of the person(s), organization or institution that referred you to the University of Sint Eustatius, so we may thank them. _____
8. To what other Medical or Graduate Schools have you applied?
1. _____ 2. _____ 3. _____
9. Will you be applying for financial aid? Yes No

EMERGENCY INFORMATION

Last Name	First Name	M.I.
Relationship		
Current Mailing Address		E-Mail address
City/State-Province/Zip/Postal Code/Country		
(Area Code) Home Phone		(Area Code) Mobile Phone

HISTORY OF EMPLOYMENT AND ACTIVITIES

1. Please list your employment history beginning with your current occupation.

Job & Title	Place of Employment	Dates

2. List college and extracurricular activities in which you participated.

3. Please list your clinical experiences in hospitals, health centers, or physician's offices.

4. Do you have other interests, hobbies, or pursuits?

5. Please list travel outside of your home country.

Date ___/___/___ Country _____ Date ___/___/___ Country _____

Date ___/___/___ Country _____ Date ___/___/___ Country _____

