UNIVERSITY OF SINT EUSTATIUS
SCHOOL OF MEDICINE

BASIC SCIENCES REGISTRATION FORM

Please print and sign:

Last Name	**First Name**	**MI**		
Address:	**City**	**State/Province**	**Zip Code/Postal Code**	**Country**
Date of Birth		**SS#**	**Citizenship**	

TUITION AND FEES

Tuition		**$5,600.00 Per Term**
Fees	**Non-refundable**	**$2,200.00 Per Term**
Total Per Semester		**$7,800.00 Per Term**
Tuition Deposit	**Non-refundable and due within 30 days of receipt of Acceptance Letter**	**$ 500.00**
Balance	**Due 30 Days prior to Matriculation**	**$7,300.00**

All laboratory fees and manuals, rental of slides and microscope, library fees, technology fees, course fees, health, evacuation and malpractice insurance are included.

Mail payments for tuition to:
Please make check payable to IEMC

University of Sint Eustatius School of Medicine
6901 Jericho Turnpike
Suite 215
Syosset, NY 11791

I understand that I must pay all costs by their respective due dates as stipulated above. I further understand that any late payment may incur penalty fees in accordance with the current late fee policy and that I risk losing a reserved seat in the M.D. degree program. I acknowledge that I have read, understand and pledge to abide by the policies of the University of Sint Eustatius School of Medicine as set forth in the Student Handbook which can be found at http://www.eustatiusmed.edu/downloads.html.

This contract is binding unless a formal written request for withdrawal is received by the Director of Admissions at the address above.

Student Signature: **Date**