

UNIVERSITY OF SINT EUSTATIUS
SCHOOL OF MEDICINE



CLINICAL SCIENCE REGISTRATION FORM

PLEASE PRINT

Last Name	First Name	MI	Date
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Address:	City	State/Province	Zip Code/Postal Code	Country
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Date of Birth	SS#	Citizenship	Date Admitted
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TUITION TOTAL per Term - - - \$8,400.00
Per 12 Weeks of Rotations

TUITION DEPOSIT - - - \$1,000.00
Deposit will be deducted from tuition.
Deposit is due upon Admission.

TUITION BALANCE - - - \$7400.00
Balance due 30 days before Matriculation
Health and malpractice insurance included in the cost of Tuition.

Mail payments for tuition to:

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

In order to nullify this contract, a formal written withdrawal request must be submitted to the Dean of Admissions, at our Syosset, NY office. All tuition/fees must be paid in full prior to class matriculation.

I understand that I must pay all costs stipulated by the due dates stated above and that late fees will be assessed 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 as set forth in the student handbook which can be found and printed from the website at www.eustatiusmed.edu

Student Signature:

Date / /