

UNIVERSITY OF SINT EUSTATIUS SCHOOL OF MEDICINE



APPLICATION FOR ADMISSION

INTERNATIONAL EDUCATIONAL 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@eustatusmed.edu
Email for Clinical Medicine Program: clinicals@eustatusmed.edu

Please place a color
passport (2"x 2")
style photo of
yourself here.

- **Print or type the application.**
 - **All sections are mandatory unless not applicable or otherwise noted.**
 - **If extra space is needed to answer any question, please attach additional page(s).**
 - **Your application is not considered complete until the Application Fee has been paid, and all necessary paperwork has been received by the Admissions Department; this includes Transcripts, Letters of Recommendation, Photo, and other supporting documents.**
 - **A Transcript Request Form may be obtained from our website at www.eustatusmed.edu/downloads.**
- **Payment of the Application Fee (\$100 USD) may be made by including a check or money order (payable to International Educational Management Corp.) with the application, or by calling the Bursar at the number above to submit a credit card or wire transfer payment.**

LAST NAME

FIRST NAME

MIDDLE NAME

Please place a next to the program for which you are applying:

- PRE-MEDICAL PROGRAM** (For students with less than 90 undergraduate credits)
- PREREQUISITE PROGRAM** (For students with at least 90 undergraduate credits, missing certain necessary science credits)
- BASIC SCIENCES PROGRAM** (Standard four-year medical program, first time applying, all Pre-Medical requirements satisfied)

TRANSFER APPLICATION TO BASIC SCIENCES PROGRAM

Where are you transferring from? _____

TRANSFER APPLICATION TO CLINICAL EDUCATION PROGRAM

Where are you transferring from? _____

Have you completed the Basic Sciences? YES NO

Have you taken the USMLE Step 1? YES NO

Have you passed the USMLE Step 1? YES NO (if yes, be sure to list scores on page 3)

Have you taken the USMLE Step 2 CK YES NO Have you taken the USMLE Step 2 CS YES NO

How many weeks of Clinical Rotations have you completed? _____

• **PLEASE RANK (from 1 to 3 in the boxes below) YOUR CHOICE OF PREFERRED STARTING TIME:**

Jan 20____ May 20____ Sept 20____

GENERAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
SEX	DATE OF BIRTH (month/day/year)	AGE (YRS & MONTHS)
CURRENT MAILING ADDRESS		
CITY/STATE/PROVINCE	ZIP-POSTAL CODE	COUNTRY
(AREA CODE) HOME PHONE	(AREA CODE) WORK PHONE	(AREA CODE) CELL PHONE
EMAIL ADDRESS	ALTERNATE EMAIL ADDRESS	SKYPE NAME
DO YOU HAVE A PERMANENT ADDRESS THAT IS DIFFERENT FROM YOUR CURRENT ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (if no, proceed to Citizenship Status)		
PERMANENT MAILING ADDRESS (if different than home)		
CITY/STATE/ PROVINCE	ZIP-POSTAL CODE	COUNTRY
(AREA CODE) PERMANENT HOME PHONE		

CITIZENSHIP STATUS

COUNTRY OF BIRTH	CITY OF BIRTH	STATE / PROVINCE OF BIRTH
ARE YOU A U.S. CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, Social Security Number: _____ - _____ - _____ (Please proceed to 'Passport Information')	
ARE YOU A U.S. PERMANENT RESIDENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Country of Citizenship _____
ALIEN REG #:	_____	
DATE OF U.S. ENTRY	_____ (MM/DD/YYYY) (Please proceed to 'Passport Information')	
ARE YOU A CANADIAN CITIZEN, OR	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CANADIAN PERMANENT RESIDENT?	If yes, Social Insurance Number: _____ - _____ - _____ (Please proceed to 'Passport Information')	
IF 'NO' IS CHECKED FOR ALL THREE OPTIONS ABOVE, PLEASE ANSWER ALL OF THE FOLLOWING:		
COUNTRY OF CITIZENSHIP	_____	
STUDENT VISA, TYPE	_____	
NATIVE LANGUAGE	_____	
PASSPORT INFORMATION		
PASSPORT COUNTRY OF ISSUE	_____	
PASSPORT NUMBER	_____	
PASSPORT ISSUE DATE	PASSPORT EXPIRATION DATE	_____

FAMILY INFORMATION

MARITAL STATUS: SINGLE SINGLE WITH CHILDREN
 MARRIED MARRIED WITH CHILDREN

DO YOU EXPECT ANY FAMILY MEMBERS OR OTHER DEPENDENTS TO RESIDE WITH YOU ON THE ISLAND OF SINT EUSTATIUS WHILE YOU ARE COMPLETING THE BASIC SCIENCES PROGRAM (BSP)?

YES NO *(if no, proceed to Emergency Contact)*

HOW MANY DEPENDENTS WILL YOU BE BRINGING? _____

EMERGENCY CONTACT

(This person should not reside on the island of Sint Eustatius.)

LAST NAME	FIRST NAME	MIDDLE INITIAL
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RELATIONSHIP

CURRENT MAILING ADDRESS

CITY/STATE/PROVINCE	ZIP-POSTAL CODE	COUNTRY
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(AREA CODE) HOME PHONE	(AREA CODE) WORK PHONE	EMAIL ADDRESS
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LIST OF SCHOOLS/COLLEGES/UNIVERSITIES ATTENDED

Please list all schools/colleges/universities as will be found on your transcripts.

School/College/University Name	Start Date	End Date	Major or Field of Concentration	Degree (if applicable)	G.P.A.

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

RECORD OF GRADUATE EXAMS

Please answer all that are applicable to you.

HAVE YOU TAKEN THE MCAT? YES NO **IF YES, HOW MANY TIMES?** _____ Please list all scores below.

If no, are you scheduled to take the MCAT in the future? YES NO Date expected to take ____ / ____ / ____ (mm/dd/yyyy)

MCAT Date taken 1ST ____ / ____ / ____ (mm/dd/yyyy)	SCORE 1ST _____	_____	_____	_____	_____	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> TOTAL
	VERBAL	PHY SCI	WRITING	BIO SCI		
Date taken 2ND ____ / ____ / ____ (mm/dd/yyyy)	SCORE 2ND _____	_____	_____	_____	_____	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> TOTAL
	VERBAL	PHY SCI	WRITING	BIO SCI		

HAVE YOU TAKEN THE TOEFL? YES NO **HOW MANY TIMES?** _____ Please list all scores below.

If no, are you scheduled to take the TOEFL in the future? YES NO Date expected to take ____ / ____ / ____ (mm/dd/yyyy)

TOEFL Date taken **1ST** ____ / ____ / ____ (mm/dd/yyyy) **SCORE 1ST** _____

HAVE YOU TAKEN THE USMLE STEP 1? YES NO **HOW MANY TIMES?** _____ Please list all scores below.

If no, are you scheduled to take the USMLE STEP 1 in the future? YES NO Date expected to take ____ / ____ / ____ (mm/dd/yyyy)

USMLE STEP 1 Date taken 1ST ____ / ____ / ____ (mm/dd/yyyy)	SCORE 1ST ____ / ____
Date taken 2ND ____ / ____ / ____ (mm/dd/yyyy)	SCORE 2ND ____ / ____
Date taken 3RD ____ / ____ / ____ (mm/dd/yyyy)	SCORE 3RD ____ / ____

HAVE YOU TAKEN THE USMLE STEP 2 CK? YES NO **HOW MANY TIMES?** _____ Please list all scores below.

If no, are you scheduled to take the USMLE STEP 2 CK in the future? YES NO Date expected to take ____ / ____ / ____ (mm/dd/yyyy)

USMLE STEP 2 CK Date taken 1ST ____ / ____ / ____ (mm/dd/yyyy)	SCORE 1ST ____ / ____
Date taken 2ND ____ / ____ / ____ (mm/dd/yyyy)	SCORE 2ND ____ / ____

HAVE YOU TAKEN THE USMLE STEP 2 CS? YES NO **HOW MANY TIMES?** _____ Please list all scores below.

If no, are you scheduled to take the USMLE STEP 2 CS in the future? YES NO Date expected to take ____ / ____ / ____ (mm/dd/yyyy)

USMLE STEP 2 CS Date taken 1ST ____ / ____ / ____ (mm/dd/yyyy)	PASS OR FAIL 1ST _____
Date taken 2ND ____ / ____ / ____ (mm/dd/yyyy)	PASS OR FAIL 2ND _____

HISTORY & ACTIVITIES

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

Job & Title	Place of Employment	Start Date	End Date

2. Please list your extracurricular activities, hobbies, and/or pursuits.

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

**If there is any additional information that you would like to share with us, please attach a separate sheet of paper to this form.*

STUDENT LOAN HISTORY

Do you have loans from any previous schools/colleges/universities? YES NO

Are any of your loans in repayment? YES NO

Are any of your loans deferred? YES NO

Please list the loan providers which service your loans:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

PREMEDICAL COURSE WORK

Please list all of your school, graduate and undergraduate courses in the spaces below. Indicate in the extreme right hand column (x) any course that was not credited toward your graduate or undergraduate degree. **OFFICIAL TRANSCRIPT MUST BE RECEIVED FROM EACH INSTITUTION PRIOR TO FORMAL ACCEPTANCE TO THE UNIVERSITY.** Please attach additional sheets if necessary.

Course Title	Year Taken	Credit Hours	Grade	Name of Undergraduate Institution	Name of Graduate Institution	X
BIOLOGICAL SCIENCES						
CHEMISTRY						
PHYSICS						
MATHEMATICS, STATISTICS AND RELATED COURSES						

LETTERS OF RECOMMENDATION

A minimum of two (2) Letters of Recommendation are required. Please list the names and addresses of persons you are asking to complete letters of recommendation.

Please keep in mind that it is your responsibility to ensure that your recommenders have submitted their recommendations by the appropriate deadline.

Public Law 93-380, Educational Amendments Act of 1974, grants students the right to have access to letters of recommendation in their placement files. By selecting the 'Waive Access' checkbox you are waiving access to these letters.

RECOMMENDATION 1

LAST NAME	FIRST NAME	RELATIONSHIP
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CURRENT MAILING ADDRESS

EMAIL ADDRESS

WAIVE ACCESS? YES NO

[FOR ONLINE USE ONLY] USE ONLINE RECOMMENDATION FORM? YES NO

RECOMMENDATION 2

LAST NAME	FIRST NAME	RELATIONSHIP
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CURRENT MAILING ADDRESS

EMAIL ADDRESS

WAIVE ACCESS? YES NO

[FOR ONLINE USE ONLY] USE ONLINE RECOMMENDATION FORM? YES NO

RECOMMENDATION 3

LAST NAME	FIRST NAME	RELATIONSHIP
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CURRENT MAILING ADDRESS

EMAIL ADDRESS

WAIVE ACCESS? YES NO

[FOR ONLINE USE ONLY] USE ONLINE RECOMMENDATION FORM? YES NO

RECOMMENDATION 4

LAST NAME	FIRST NAME	RELATIONSHIP
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CURRENT MAILING ADDRESS

EMAIL ADDRESS

WAIVE ACCESS? YES NO

[FOR ONLINE USE ONLY] USE ONLINE RECOMMENDATION FORM? YES NO

VERIFICATION

- Have you printed or typed the application?
- Have all mandatory sections been completed?
- Have you attached additional pages where necessary?
- Have you attached all necessary paperwork, including Transcripts, Letters of Recommendation, Photo, and other supporting documents?
- Have you requested transcripts from all of the universities you have attended?
- Have you included payment of the Application Fee (\$100 USD) or contacted the Bursar to make payment by phone?

CERTIFICATION

I certify that the information provided by me in this application is accurate and complete, and I understand that any errors may cause a delay in processing, and any misinformation, discovered at any time, may result in the withdrawal of my acceptance, registration or admission, or possibly my dismissal from the University once enrolled. I further understand that dismissal from the University due to the circumstances described above will result in loss of any academic credit received.

SIGNATURE _____ DATE ____/____/____