

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 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.**
- **Mail your application, check/money order, and supporting documents to the address above.**

LAST NAME	FIRST NAME	MIDDLE NAME

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

STANDARD FOUR-YEAR MEDICAL PROGRAM (*first time applying*)

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*)

How many weeks of Clinical Rotations have you completed? _____

MASTER'S PROGRAM IN UNDERSEA AND HYPERBARIC MEDICINE

• **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				
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: _____ - _____ - _____	
ARE YOU A CANADIAN CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, social insurance number: _____ - _____ - _____	
ARE YOU A 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)	
ARE YOU A NON-PERMANENT RESIDENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Country of Citizenship _____
STUDENT VISA, TYPE	_____	
NATIVE LANGUAGE	_____	
DATE OF U.S. ENTRY	_____ (MM/DD/YYYY)	

FAMILY INFORMATION

MARITAL STATUS: SINGLE MARRIED

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? _____ *(Please list all dependents below)*

DEPENDENT NAME	AGE	RELATIONSHIP
DEPENDENT NAME	AGE	RELATIONSHIP
DEPENDENT NAME	AGE	RELATIONSHIP
DEPENDENT NAME	AGE	RELATIONSHIP
DEPENDENT NAME	AGE	RELATIONSHIP
DEPENDENT NAME	AGE	RELATIONSHIP
DEPENDENT NAME	AGE	RELATIONSHIP
DEPENDENT NAME	AGE	RELATIONSHIP
DEPENDENT NAME	AGE	RELATIONSHIP

EMERGENCY CONTACT

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

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP		
CURRENT MAILING ADDRESS		
CITY/STATE/PROVINCE	ZIP-POSTAL CODE	COUNTRY
(AREA CODE) HOME PHONE	(AREA CODE) WORK PHONE	EMAIL ADDRESS

AGGREGATE GPA

UNDERGRADUATE _____ **UNDERGRADUATE SCIENCE** _____ **GRADUATE** _____ **GRADUATE SCIENCE** _____
(Format X.XX)

PLEASE PROVIDE SCALE IF NOT SELF-EXPLANATORY _____

LIST OF COLLEGES/UNIVERSITIES ATTENDED

College/University Name	Start Date	End Date	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.

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	_____	_____	_____	_____	TOTAL
		VERBAL	PHY SCI	WRITING	BIO SCI	
Date taken 2ND ___/___/___ (mm/dd/yyyy)	SCORE 2ND	_____	_____	_____	_____	TOTAL
		VERBAL	PHY SCI	WRITING	BIO SCI	
Date taken 3RD ___/___/___ (mm/dd/yyyy)	SCORE 3RD	_____	_____	_____	_____	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 _____
Date taken 2ND ___/___/___ (mm/dd/yyyy)	SCORE 2ND _____

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 in the future? YES NO Date expected to take ___/___/___ (mm/dd/yyyy)

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

HISTORY & ACTIVITIES

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

Job & Title	Place of Employment	Start Date	End Date

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?

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

PREMEDICAL COURSE WORK

Please list all of your 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						

PERSONAL INFORMATION

ALL QUESTIONS ARE MANDATORY. If additional space is needed, please explain on a separate sheet.

1. DO YOU HAVE ANY PHYSICAL CHALLENGES? YES NO

If yes, please explain. _____

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 explain. _____

3. HAVE YOU EVER BEEN DISMISSED FROM AN ACADEMIC INSTITUTION? YES NO

If yes, please explain. _____

4. HAVE YOU EVER BEEN ARRESTED, CHARGED WITH OR CONVICTED OF A CRIMINAL ACT? YES NO

If yes, please explain. _____

5. HAVE YOU EVER PREVIOUSLY ATTENDED AN AMERICAN OR FOREIGN MEDICAL SCHOOL? YES NO

If yes, please list each school below..

1. _____ 2. _____ 3. _____

4. _____ 5. _____

6. HOW WERE YOU REFERRED TO THE UNIVERSITY OF SINT EUSTATIUS SCHOOL OF MEDICINE? PLEASE SPECIFY YOUR ANSWER.

ALUMNUS Name: _____

Contact Info: _____

ADVISOR Name: _____

Contact Info: _____

OTHER Name: _____

PERSON Contact Info: _____

PRINT AD _____

RADIO AD _____

TELEVISION AD _____

POSTER _____

WEBSITE: Google Yahoo Microsoft Live

Value MD StudentDoctor.net EICC

Other (please specify) _____

WEB AD: Google Yahoo Microsoft Live

Value MD StudentDoctor.net EICC

Other (please specify) _____

EVENT _____

EMAIL _____

DIRECT MAIL _____

7. TO WHAT OTHER MEDICAL OR GRADUATE SCHOOLS HAVE YOU APPLIED IN THE LAST 12 MONTHS?

1. _____ 2. _____ 3. _____

8. WHAT AREA(S) OF MEDICINE ARE YOU INTERESTED IN PURSUING AT THIS TIME?

FINANCIAL AID

1. WILL YOU BE APPLYING FOR FINANCIAL AID? YES NO *If yes, all questions are mandatory. If no, proceed to Personal Statement.*

Are you familiar with your personal credit history? Your credit report (and credit score) may have a significant impact on your ability to receive financial aid. The University of Sint Eustatius School of Medicine is not a certified financial institution as we do not provide loans directly. However, our Financial Aid department will be assisting you in choosing and preparing to apply to multiple loan sources. It is not mandatory for the completion of this application, however we suggest that you take a moment to obtain and review your latest credit report from a reputable credit report service.

2. DO YOU EXPECT TO RECEIVE ANY FINANCIAL ASSISTANCE FROM ANY SOURCES OTHER THAN STUDENT LOAN(S) OR SCHOLARSHIP(S)?

YES NO *If yes, please explain.*

3. HAVE YOU EVER DEFAULTED (FAILED TO PAY) ON ANY GOVERNMENT OR PRIVATE LOAN? YES NO *If yes, please explain.*

4. FEDERAL LAW LIMITS THE TOTAL AMOUNT A STUDENT MAY BORROW IN CONNECTION WITH THEIR EDUCATION OVER THEIR LIFETIME.

WHAT IS THE TOTAL AMOUNT YOU HAVE BORROWED FOR YOUR EDUCATION TO DATE? \$ _____

5. ARE ANY OF YOUR PREVIOUS STUDENT LOANS CURRENTLY IN REPAYMENT? YES NO

6. ARE ANY OF YOUR PREVIOUS STUDENT LOANS CURRENTLY IN DEFERMENT? YES NO

7. ARE YOU CURRENTLY RECEIVING OR IN PROCESS OF APPLYING FOR ANY SCHOLARSHIPS? YES NO *If yes, please explain.*

8. HAVE YOU PREVIOUSLY RECEIVED ANY STUDENT LOANS FROM ANY OTHER EDUCATIONAL INSTITUTION?

YES NO *If yes, please explain.*

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 or contacted the Bursar to make payment by phone?
- Be sure to mail your application, check/money order, and supporting documents to the address on the cover page.

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 ____/____/____