

## COMMONWEALTH UNIVERSITY COLLEGE OF MEDICINE

## APPLICATION FORM FOR MD ADMISSION

No. 1, Beausejour Road, Gros Islet, Saint Lucia

E-Mail: admissions@cucom-edu.us; URL: https://www.cucom.org/

Please Mail or Drop the completed application form along with the required documents and non-refundable application fee USD 200.00 to the above address

CE	DI	ΛI	N	Λ.

Paste your recent Photo

	tering Session: January Semes Please select the applicable progran  4 Year MD Program	-	Semester 20be interviewed e	lectronically a	ciences		
	Transfer Student to MD  Fast Track MD Program			IMG Certific			
	Last Name (As in Passport)		First Name		Middle Name		
	Social Security (USA)/National identifica	tion number	Male	Fem	ale Age		
PERSONAL INFORMATION	Current Mailing Address (Number and S	treet)	City		CITIZENSHIP STATUS  US Citizens		
	State/Province	Postal/Zip Code	Cour		Permanent Resident Alien Reg. # Visa Type		
	Home Phone	Mobile Phone	Student's Em	ail Address	Country of Citizenship if not the USA:  Date of U.S. Entry:		
NFC	SKYPE ID (for Mandatory Interview)		Parent's Emai	Address			
	Date of Birth (dd/mm/yy)		City/State/C	ountry of Birth			
	Permanent Mailing Address (Number, Street, City) if different from the above						
	State/ Province		Postal/Zip Code  EE PAYMENT REQUEST BE SENT		Country		
	Last Name		First Name		Middle Name		
	Mailing Address (Number and Street)		City		State/Province		
П							
MERGENC	Full Name Phone		Number		Relation to Student		
1)	Full Name	Phone Number			Relation to Student		

	HIGH SCHOOL INFORMATION								
	Name of the School								
Þ			O /D			0			
CE	City	04 6	State/Province			Count	-		
:D	Date of Graduation: Other Secondary School Completion Certificates: (GED, GCE, GCSE. WASC, CXC, KSCE, etc)								
Z	Have you taken ACT or SAT test?	Yes			Date received:				
	(Not compulsory) Have you taken TOEFL? (Required for International Students)	Yes No Grade:							
ACEDEMIC RECORDS	Have you taken MCAT?  Yes No If yes, indicate Date & Score  (Not compulsory)								
00	PREVIOUS INSTITUTIONS/COLLEGES/UNIVERSITYS ATTENDED								
RC	Institution	City	State/ Country	Dates Attended	Credits earned	Major	Degree earned		
2(							_		
PERSONAL STATEMENT	On a separate page, type your personal statement (double spaced). Your statement represents your opportunity to communicate to the Admissions Committee anything that you feel is important for the Committee to know about you that might not be sufficiently covered by this application. This information would give the Committee greater insight about the applicant's unique qualifications, experiences and aspirations.								
CAMPUS	Yes No Have you ever been convicted or pleaded guilty to any criminal or military offense, excluding minor traffic violations?								
SECURITY	Yes No Have you ever been academically dismissed from/ declared ineligible to attend/ incurred disciplinary action by any previous institution? Consistent with Federal Campus Security Act. If you answer "yes" to either, please attach a letter of explanation.								
	COMMONWEALTH UNIVERSITY COLLEGE OF MEDICINE is committed to providing a drug-free environment. Because of those commitments CUCOM expects each student to remain drug-free i.e. abstaining from the use of illegal drugs, alcoholic beverages, tobacco and prescription medicines. The manufacture, possession, distribution or use of illegal drugs, alcohol or tobacco is strictly prohibited.								
STUDENT AGREEMENT	I certify that the information given in this application is true and correct to the best of my knowledge. I recognize that withholding or misrepresenting information may result in the cancellation of my acceptance. By my signature, I pledge to adhere to and respect the Principles and Regulation of COMMONWEALTH UNIVERSITY COLLEGE OF MEDICINE, as stated in the Academic Bulletin in the Substance Abuse Policy.								
	Signature of Applicant:			Date:					
	Note: Your application will NOT be revi			completely answe	ered and inclu	de all required	l items		
CHECKLIST	Please enclose or forward the following in	tems along with your a	pplication:	For Offic	e Use Only:				
	o Non - refundable application fee USD 200.00 o Five(5) recent passport-size photos o Two copies of Identification pages passport o Original Health Certificate from a Licensed Medical Doctor o Two Letters of Recommendation o Personal Statement (typed and double spaced) o Scaled transcripts from undergraduate and/or graduate colleges in English o Scaled transcripts from High School in English o Copy of High School Diploma in English			Application Candidate Date Rece	Application Complete: Yes No  Candidate: Eligible Not Eligible  Date Received:  Application #:				
	The original copy of the police clearance to be submitted later.	/certificate of good cor	nduct will be required	d					
AGENT	Name:								
INFORMATION	Contact Information:								