



ACADEMIC RECORDS

**HIGH SCHOOL INFORMATION**

Name of the School \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Other Secondary School Completion Certificates: \_\_\_\_\_  
(GED, GCE, GCSE, WASC, CXC, KSCE, etc)

Have you taken ACT or SAT test? Yes  No  Type: \_\_\_\_\_ Date received: \_\_\_\_\_  
(Not compulsory)

Have you taken TOEFL? Yes  No  Grade: \_\_\_\_\_  
(Required for International Students)

Have you taken MCAT? Yes  No  If yes, indicate Date & Score \_\_\_\_\_  
(Not compulsory)

**PREVIOUS INSTITUTIONS/COLLEGES/UNIVERSITYS ATTENDED**

Institution	City	State/ Country	Dates Attended	Credits earned	Major	Degree earned

**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 SECURITY**

Yes  No Have you ever been convicted or pleaded guilty to any criminal or military offense, excluding minor traffic violations?

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.

**STUDENT AGREEMENT**

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.

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: \_\_\_\_\_

**CHECKLIST**

Note: Your application will NOT be reviewed unless all the applicable sections are completely answered and include all required items

Please enclose or forward the following items along with your application:

- 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

The original copy of the police clearance/certificate of good conduct will be required to be submitted later.

**For Office Use Only:**

Application Complete:  Yes  No

Candidate:  Eligible  Not Eligible

Date Received: \_\_\_\_\_

Application #: \_\_\_\_\_

**AGENT INFORMATION**

Name:

Contact Information: