



COMMONWEALTH UNIVERSITY

College of Medicine

STUDENT REQUEST FORM

First Name: _____ Last Name: _____

Address:

Street: _____ Region: _____

Postal/zip code: _____ Country: _____

Student Identification Number: _____

Telephone No: _____ Mobile No: _____

Date of Birth (MM/DD/YYYY): _____

Passport Number: _____ Nationality: _____

Currently Enrolled?

YES

No

If not currently enrolled, please indicate Year of Graduation: _____

Educating Tomorrow's Doctors Today

Degree: _____

CUCOM

Transfer Students (AIMU)

Email:

info@cucom.org

Website:

https://www.cucom.org/

Phone:

Ph: + 1 240 393 4946, + 1 234 564 4544

Phone No:

+1(758) 286 2588

Admissions & Clinical Administrative Office:

909 Rose Avenue, Suite 400, North Bethesda,
MD – 20852.

Campus Address:

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



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Check Box:

- MD Graduate Transcript
 Official - **\$ 450.00**
 Unofficial - Only shipping fee applies.

(Official transcripts might take fifteen business days to process)

- Nursing Graduate Transcript
 Official - **\$ 450.00**
 Unofficial - Only shipping fee applies.

(Official transcripts might take fifteen business days to process)

- GMC forms – Type of forms: _____ - **\$ 500.00**
 NMC forms – Type of forms: _____ - **\$ 500.00**
 ECFMG forms – Type of forms: _____ - **\$ 500.00**
 Medical Student Performance Evaluation (formerly Dean's Letter) - **\$ 1500.00**
 English Proficiency Certificate PLAB Exam: (IELTS, TOEFL, OET) - **\$ 500.00**
 Licensure/Verification/Residency Verification [you supply form] - **\$ 500.00**.
 Duplicate Degree Certificate **\$ 800.00**. NUMBER OF COPIES: _____
 Replacement of Degree Certificate **\$ 1000.00**. NUMBER OF COPIES: _____
 Bonafide Certificate - **\$ 300.00**
 Clinical Clerkship Completion and evaluation (Core and Electives) - **\$ 800.00**
 No Objection Certificate (NOC) - Licencing Exam - **\$ 650.00**
 Dean's Statement – To Apply for UK Foundation Program - **\$ 1500.00**
 No Objection Certificate (NOC) – Internship - **\$ 650.00**
 No Objection Certificate (NOC) – Medical Council of Provisional Registration - **\$ 650.00**
 Permanent Registration - **\$ 650.00**
 Other (please specify): _____

MENTIONED FEE APPLIES PER COPY

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Purpose of Use:

Send Documents:

- Regular (Up to 2 weeks duration may vary from different location/countries)
- Expedite (3 – 4 Business Days)
- After change of grade
- After degree statement
- After final grade
- At once
- Digital copy
- Fax (**\$5 per page**)
- Student pickup

Pick up Date: _____

(Allow five business days during peak periods. Transcript will take fifteen business days)

*** (NOTE: SEND THE BOOKED SHIPPING DETAILS ALONG WITH THIS FORM) ***

Where would you like for your documents/forms to be sent? Please provide the institution name and address. If the documents/forms are for your personal use, please provide your mailing address if different from above.

NOTE: Name and Mailing Address Needed.

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Mode of Payment:

- Card
 Bank Transfers (Wire Transfers)

Bank information:

Commonwealth University
909 Rose Ave, Suite # 400, Rockville, MD 20852.
A/C 446041883963, Routing Number: 026009593,
SWIFT CODE: BOFAUS3N,
Bank of America Branch Address
Flagship Financial Center 12099 Rockville Pike, Rockville, MD 20852 US.
SWIFT CODE; BOFAUS3N, Bank of America N.A. 222 Broadway, New York,
New York -10038.

Date of Payment (MM/DD/YYYY): _____

*(NOTE: PLEASE ATTACH INVOICE/RECEIPT ALONG WITH THIS FORM) *

Signature: _____ Date (MM/DD/YYYY): _____

Sent By: _____ (Print Full Name)

OFFICIAL USE ONLY

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Request completed: _____ Amount paid: _____

Payment Type: _____ Date: _____

Initials: _____ Date: _____

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