

Caribbean Medical University

CMU

*Caribbean
Medical
University*

School of Medicine

Application For Admission

APPLYING TO CMU

ALL APPLICANTS

We are happy you have chosen to apply to Caribbean Medical University. By choosing to complete this application, you have made an important decision about your higher education. Please read the following carefully. Fill out the application completely and accurately so that it can be evaluated and you can be notified of a decision.

You should complete this application, submit supporting documents and appropriate application fee if you . . .

...are applying to CMU for the first time, either as a freshmen or transfer.

...are applying to CMU for readmission.

...were previously admitted to CMU, but did not enroll.

Completing Your Application

Review of your application will begin only after we receive your completed, signed application form, the appropriate application fee and additional materials (as listed in these instructions) by the published deadline.

- This application is valid only for the term for which you are applying. If you are accepted and do not enroll for that term, you should inform the CMU Office of Admission that you would like to defer your enrollment.
- Any changes (name, address, program, etc.) to this application should be submitted in writing to the Office of Admission.
- A transcript is considered official only when it is mailed directly from the records office of a given school, college, or university to CMU's Office of Admission. Transcripts marked "Issued to student" are considered official only if they are received in a sealed envelope from that school.
- All documents must be originals (faxed or unofficial documents cannot be accepted). All documents submitted to CMU for admission purposes become property of the University. They will not be released to students or forwarded to other educational institutions or agencies.
- Enclose a check or money order in U.S. currency made payable to "Caribbean Medical University." The nonrefundable application fee is \$75 for all applicants. Do not send cash through the mail.

You are encouraged to use a Social Security

Number as your identification number to process your admission and financial aid application. We are requesting your Social Security Number pursuant to Public Law 93-579 for the University's system of student records as well as for compliance with federal and state reporting requirements. A Social Security Number is **required** if you are applying for financial aid, but is **not required** for admission to the University. Providing a Social Security Number will, however, speed up the processing of your application. The University has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose your Social Security Number without your consent for any purpose except as allowed by law. If you do not have a Social Security Number, you will receive a temporary ID number that should be used on all correspondence.

If you need assistance in filling out this application, please feel free to call our Office of Admission at (888) 877-4268.

GENERAL ADMISSION REQUIREMENTS

The fate of the application will be communicated within 7-10 working days from the day of receipt of the application. The following submittals are required to determine the eligibility for admission:

- **A completed Application Form.**
- **Personal essay (up to 750 words) explaining the reasons why you want to become a physician or a brief resume.**
- **Official transcripts from each school, college or university attended.**
- **Two official letters of recommendation (forms downloadable from our website)**
- **Two passport size color photos (2"X2").**
- **MCAT scores, official report (optional).**
- **TOEFL scores, if applicable.**
- **Nonrefundable application fee of US \$ 75**

Following final acceptance, you will be advised to deposit US \$1,000 (one thousand) to reserve your seat for a given semester. The amount will be credited to the first semester tuition. Upon payment of the remaining balance you will receive a copy of **STUDENT HANDBOOK** containing pertinent information on how to prepare for the classes and the additional documents required to apply for residence permit on Curacao.

Applicants from the U.S. or Canada

who are U.S. citizens or have permanent visas are expected to have a minimum of 90 credit hours undergraduate course work from an accredited college or university. This is equivalent to approximately 2-3 years of undergraduate course work. Preference will be given to applicants who have completed a baccalaureate degree or higher.

Applicants from Other Countries

The admissions committee will evaluate applicants from countries with educational standards comparable to the US. Each applicant should meet the educational requirements for admission to medical school in the country of origin.

Other applications will be evaluated on an individual basis. All course work and diplomas should be translated into English.

Language

Applicants, whose native language is not English are required to pass **TOEFL** (Test Of English as a Foreign Language)

All application materials should be mailed to: Caribbean Medical University

U.S. Office: 5600 N River Road Suite 800 • Des Plaines, Illinois 60018 United States

Phone: (888) 877-4268 • Fax: (302) 397-2092 • Email: admissions@cmumed.org • Web: <http://www.cmumed.org>



APPLICATION FOR ADMISSION

Caribbean Medical University

Campus: WTC Piscadera Bay, Curacao • Phone: +5999 788 0015
Admissions Office: 5600 N River Road Suite 800 • Des Plaines, Illinois 60018 United States
 Phone: (888) 877-4268 • Fax: (302) 397-2092 • Email: admissions@cmumed.org • Web: http://www.cmumed.org

Please include \$75 nonrefundable application fee payable to “Caribbean Medical University”

PERSONAL DATA

(International applicants note: Please print your name exactly as it appears on your passport.)

1 Full Legal Name _____
Last/Family Name/Surname | First/Given/Personal | Middle

2 Date of Birth / / **Place of Birth** _____
MM/DD/YYYY | City or Town | Country

3 Social Security Number - - Sex: M F Age: _____
U.S. and Canadian applicants only | XXX - XX - XXXX

4 Citizenship If not U.S. citizen, are you a Permanent Resident? Yes No

5 Permanent Home Address _____
Number and street or rural route | Apt. No. | () Area Code | Phone Number

City or Town | State | Country | Zip Code

6 Current Mailing Address (if different from Permanent Address) _____
Number and street or rural route | Apt. No. | () Area Code | Phone Number

City or Town | State | Country | Zip Code

7 Emergency Contact _____
Last Name | First Name | Relationship

Date of Birth / / Phone () Email _____

By checking the box, I authorize that emergency contact person stated above to access my academic and financial records kept with the University. I understand I may withdraw the authorization at any time by calling the Office of Student Affairs.

8 Have you ever been convicted of a felony/crime Yes No **or dismissed from any academic institution?** Yes No

If Yes please explain

9 Have you ever been treated for a mental illness or substance abuse? Yes No

If Yes please explain

10 Applicant's E-mail Address _____

FOR OFFICE USE ONLY		
Date	Name	Remarks

ADMISSION INFORMATION

11 Proposed Term of Enrollment *(check only one)* Spring (January) Summer (May) Fall (September) Year _____

12 Admission Category *(check only one)*

Freshman Check here if you are a beginning freshman.

Transfer Check here if you have transferable credits from an accredited medical school.

Readmit Check here if you have ever registered at CMU for credit courses even though you may also have attended another collegiate institution. Previous enrollment was (check all that apply): Premedical MD Basic Science MD Clinical Science

13 Admission Program *(check only one)*

Premedical Check here if you have graduated from high school or equivalent or have less than 90 credits of undergraduate coursework or equivalent.

MD Basic Science Check here if you have at least 90 credits of undergraduate coursework or equivalent.

MD Clinical Science Check here if you have successfully completed minimum two years of Basic Science in an accredited medical school.

14 **Premedical Program applicants only:** Indicate the high school from which you graduated / will graduate.

School Name *City or Town* *State or Country*

Graduation date (mm/yyyy) _____ Dates of Attendance (mm/yyyy) _____ through _____

Month / Year *Month / Year* *Month / Year*

Check here if you completed the GED instead of graduating from high school. Indicate all high schools attended in the space provided above. Have your official GED scores as well as transcripts from last high school sent directly to CMU's Office of Admissions.

15 List all other colleges at which you have enrolled, regardless of grades and/or credit hours earned. An official transcript must be sent from each college attended, even from summer or if no credit was earned. Failure to list all colleges & universities may make you ineligible for admission. The decision cannot be made until all transcripts have been received.

Begin with most recent college attended and be sure to complete all requested information.

Name	Credits	GPA	Graduation Date		Major	Degree
			Month	Year		

** For students with international college credit, indicate years of full-time study instead of credit hours.*

16 MCAT scores (optional):

Exam Date / / Test Scores: VR PS WS BS Total

Note: MCAT scores are optional for admission to CMU. However Applicants without MCAT should have strong letters of recommendation and satisfy the Admissions Committee that they possess strong motivation to study medicine. If available the MCAT scores should be sent directly from the testing agency to the CMU's Office of Admission. The code for Caribbean Medical University is 1208.

17 List all academic awards and/or honors

Date	Award/Honor	Brief Description

ADDITIONAL INFORMATION

18 How do you plan to finance your education? *(list values in % of total cost)*

Personal Savings % Family/Parental Support %
CMU MedLoan % Other Loans %
Other Sources % If Other Sources please explain _____

19 Do you prefer to live in CMU dormitories for at least one semester? Yes No

If Yes please select your preference: Single Occupancy Double Occupancy

20 Select your preferences in choosing a medical school *(select all that apply)*

School's Facilities Curriculum School's Reputation
Clinical Rotations USMLE Passing Rate Other
Low Tuition Fees Financial Aid If Other please explain _____

21 How did you first hear about Caribbean Medical University? *(check only one)*

Online Ad TV Ad Friend
Search Engine Newspaper Other
Poster Radio If Other please explain _____

22 Do you have relatives or friends, who are or were students of CMU? Yes No

If Yes please list name and relationship

Name

Relationship

23 Nationality / Ethnic Background *(optional)*

Asian Black Caucasian Hispanic Other

24 CERTIFICATION: I, the undersigned, hereby apply for admission to the Caribbean Medical University and if admitted, I agree to comply with the rules of the school and to cooperate with the Faculty and Administration in maintaining high standards of scholarship and conduct. I certify that all the information provided in this application and associated materials are correct, valid and complete.

If you are applying by mail, please remember to sign the application before you mail it.

Signature _____

Date _____