



American University of the Caribbean School of Medicine

Application for Admission

I. Personal Information

Please print or type

Section A.

Social Security #***: _____ Title: Mr. Ms. Mrs. Dr.

Legal Name: _____ Other Names: _____
Last First Middle Maiden/Nickname (or any other names that may appear on credentials)

Date of Birth: _____ Place of Birth: _____
Month Day Year City State Country

Country of Citizenship*: _____

If not a U.S. citizen, are you a permanent resident?* Yes No

Preferred Mailing Address: _____
Street City State Zip Code Country

Permanent Mailing Address: _____
Street City State Zip Code Country

Home Phone: _____ Work or Day Phone: _____

Fax: _____ Cell Phone: _____ E-Mail: _____

Section B.

What most influenced your application to AUC? _____

Do you have relatives or friends who are/were students at AUC? Yes No

If so, please list their names and relationship: _____

Are you currently in the military? Yes No If so, which division? _____

If you are ex-military, which division were you in? _____

Note: Please attach a copy of your military honorable discharge.

Last Name, First:

List all relevant current and future courses.

Name of Institution	Course Title	Course No.	No. Credit Hours	No. Non-Credit	Semester/Quarter	Undergraduate	Graduate	Date From	To	Expected Grade

*Applicants who have completed their undergraduate studies in countries having an educational system different from that of the United States will be evaluated on their merits but will be expected to have completed a pre-medical curriculum including the pre-requisites comparable to that described on page 4. All required documents, if originally in a foreign language, must be accompanied by a notarized English translation. All transcripts documenting post-secondary course work completed in institutions outside the United States must also be evaluated by an approved international credential evaluation service.

V. Employment Information

The Admissions Committee requires a chronological listing of the applicant’s educational and employment history since graduation from high school including an explanation of any gaps. On one letter-sized typed page, please provide the beginning and ending dates for each period of employment, volunteer work and/or school enrollment and a brief description of duties or activities.

VI. Supplemental Information

If you answer “Yes” to any of the following questions, submit a full statement of relevant facts for all incidents along with your application. You may be required to furnish copies of official documents explaining the final disposition of the proceedings.

- Yes No Have you ever been enrolled or attended any medical school or medical school preparatory program?
- Yes No Were you ever the recipient of any action by any employer, college, university, medical school or medical preparatory program for: 1. Unacceptable academic performance? (e.g., dismissal, disqualification, suspension, probation, etc.) or 2. Conduct violations?
- Yes No Have you ever been a party in a civil lawsuit?
- Yes No Have you ever been convicted of a felony, misdemeanor, or other crime?* If yes, please state details, reason, and final disposition: _____

*You need not disclose offenses which have been legally expunged. By signing this application, you acknowledge your on-going obligation to disclose to AUC any felony or misdemeanor convictions occurring at any time after your execution of this application throughout your association with AUC until your graduation from AUC.

VII. Personal Statement

The Admissions Committee requires a brief personal statement concerning your medical career expectations. On one letter-sized typed page, please summarize, in concise terms, the development of your interest in medicine, your goals in pursuing a medical career, and the personal attributes that qualify you to become a physician. Briefly describe the skills and values that you believe a physician should possess to practice medicine. Summarize how your experiences to date demonstrate your acquisition and possession of those skills and values. Please limit your personal statement to 750 words.

* The government of St. Maarten requires a police report that is a component of its Visa application.

XI. Application Certification and Photo (optional)

(Insert 2" x 2" photo)

I, the undersigned, hereby apply for admission to American University of the Caribbean School of Medicine and agree to comply with the rules of the University and to cooperate with the Faculty and Administration in maintaining high standards and scholarship and conduct. I certify that all the information provided in this application and associated materials is current, complete and accurate. In the event of any changes to the information provided on this form, I agree that I will provide updated information to AUC prior to matriculation.

I hereby consent to the release of information to AUC by any person, entity or institution listed on this application, and any law enforcement agency. For that purpose, a copy of my signature on this application shall be effective as the original.

I understand that in the event that a false statement or misrepresentation is discovered, I will be subject to dismissal from AUC.

Signature of Applicant

Date

XII. How Did You Hear About AUC? Please choose all that apply.

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|--|--|
| <p><input type="checkbox"/> AUC Alumnus</p> <p><input type="checkbox"/> AUC Enrollment Manager</p> <p><input type="checkbox"/> AUC Student</p> <p><input type="checkbox"/> Family/Friend</p> <p><input type="checkbox"/> Campus Fair _____
<small>School Name</small></p> <p><input type="checkbox"/> Campus Poster _____
<small>School Name</small></p> <p><input type="checkbox"/> Postcard</p> <p><input type="checkbox"/> Pre-Medical Advisor _____
<small>School Name</small></p> <p><input type="checkbox"/> Open House _____
<small>Location</small></p> <p><input type="checkbox"/> Info Session _____
<small>Location</small></p> <p><input type="checkbox"/> Health/Graduate Fair _____
<small>Name</small></p> <p><input type="checkbox"/> Other _____
<small>List Source</small></p> | <p><input type="checkbox"/> Internet Site:</p> <p><input type="checkbox"/> aucmed.edu</p> <p><input type="checkbox"/> PrincetonReview.com</p> <p><input type="checkbox"/> ValueMD.com</p> <p><input type="checkbox"/> Facebook</p> <p><input type="checkbox"/> Twitter</p> <p><input type="checkbox"/> YouTube</p> <p><input type="checkbox"/> Search Engine _____</p> <p><input type="checkbox"/> Other _____</p> |
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XIII. Awards & Honors

Please list any relevant awards or honors, in chronological order, you may have received.

Date	Award/Honor	Brief Description

Last Name, First:

Please do not write in this block

Fees Received (Date & Amount)

Final Decision (Date & Decision)

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Please include the \$100 non-refundable application fee made payable to:
American University of the Caribbean School of Medicine

Office of Admissions

American University of the Caribbean School of Medicine

901 Ponce de Leon Blvd., Suite 700
Coral Gables, FL 33134

Ph: 305-446-0600
Toll Free: 866-DR2B-AUC
Fx: 786-433-0974

www.aucmed.edu



American University of the Caribbean
School of Medicine

American University of the Caribbean School of Medicine admits students without regard to race, color, national origin, gender, religion, disability, or age to all rights, privileges, programs, and activities generally made available to students at the University. It does not discriminate on the basis of race, color, national origin, gender, religion, disability, sexual orientation or age in administration of its educational programs and other University administered policies, or employment policies.

*American University of the Caribbean School of Medicine does not discriminate in recruitment, education, employment, programs activities, or services on the basis of race, age, religion, gender, sexual orientation, national origin, ancestry, color, creed, disability, political affiliation or belief, or veteran status. American University of the Caribbean School of Medicine complies with Section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990. American University of the Caribbean School of Medicine does not discriminate on the basis of disability. Additional information about this policy or about assistance to accommodate individual needs is available from General Counsel at DeVry Inc., 3005 Highland Parkway, Downers Grove, IL 60515-5683 (800-225-8000).

**American University of the Caribbean School of Medicine is required to collect the social security number (SSN) for a variety of legally mandated activities, including income tax reporting and administration of federally supported financial aid programs. The SSN is not used as the student's primary identification; however, students who do not provide this information at the point of application may experience a delay in financial aid processing. American University of the Caribbean School of Medicine has adopted privacy policies and practices designed to protect student's personal information. Only information required to efficiently conduct our business and meet state and federal reporting requirements is collected. The information collected is only disclosed a permitted under the Family Educational Rights and Privacy Act of 1974 as amended (FERPA).