



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.

II. Financial Information

How do you plan to finance your medical education?

Are you applying for financial aid? Yes No

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

VI. Employment Information

The Admissions Committee requires a chronological listing of the applicant’s educational and employment history since graduation from high school. 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.

VII. Supplemental Information

If you answered “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 all official documents explaining the final disposition of the proceedings.

- Yes No Have you ever matriculated at or attended any medical school as a candidate for the M.D. program?
- Yes No Were you ever the recipient of any action by any college or medical school for: 1. Unacceptable academic performance? (e.g., dismissal, disqualification, suspension, probation, etc.) or 2. Conduct violations?
- Yes No Were you ever a party in a civil lawsuit?
- Yes No Have you ever been convicted of, or charged with, a felony or misdemeanor, with the exception of parking violations?

VIII. 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 in the 21st Century. Summarize how your experiences to date demonstrate your acquisition and possession of those skills and values. Please limit your personal statement to 750 words.

Last Name, First:

IX. Statistical Demographic Information

Completion of this section is optional and will not be used in a discriminatory fashion. How do you describe yourself?

Gender: Male Female

Please check one:

- American Indian or Alaskan Native White, Caucasian (Non-Hispanic)
 Asian or Pacific Islander Hispanic
 Black or African American Other: _____
Please specify

X. Letters of Recommendation

Please provide us with the name, employment position, address, and phone number of the person who will be forwarding official letters of recommendation from your Pre-Medical Advisory Committee. Additional letters of recommendation from individual pre-medical course professors who have taught you are strongly encouraged, and will be accepted for further support of your candidacy to medical school. These letters must be on original letterhead stationery and sent directly from the person providing the recommendation. Please be sure to submit your application for admission to Medical Education Administrative Services prior to having your recommendations forwarded.

Note: If you have attended another medical school, a letter from the Dean's office must be included in this packet. Recommendations should be from the medical school faculty.

Pre- Medical Advisor: _____ Position: _____
if applicable

College/University: _____

Address: _____
Street City State Zip Code Country

Work Phone: _____ E-Mail: _____

Professor/Faculty Member: _____ Position: _____

College/University: _____

Address: _____
Street City State Zip Code Country

Work Phone: _____ E-Mail: _____

XI. Official Transcripts

Official transcripts are to be sent directly from the college or university to Medical Education Administrative Services, not to the campus. Notarized copies of original transcripts from non-U.S. schools may be directed to Medical Education Administrative Services when official transcripts are not readily available. However, official transcripts must follow the notarized copies prior to review by the Admissions Committee. For translation of transcripts, please refer to the World Education Services at www.wes.org, or a comparable service.

XII. Application Certification and Photo

(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 or MEAS 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

XIII. How Did You Hear About AUC?

- AUC Alumni
- AUC Student
- Campus Fair _____
School Name
- Campus Poster _____
School Name
- Friend/Relative
- Open House _____
Location
- Postcard
- Pre-Medical Advisor _____
School Name
- Medical Fraternity/Club/Organization _____
Name
- Other _____
List Source

Internet Site:

- aucmed.edu
- collegeboard.com
- collegemarketplace.com
- princetonreview.com
- valuemd.com
- Other _____
List Source

XIV. Awards & Honors

Please list any 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

Office of Admissions

Medical Education Administrative Services
American University of the Caribbean School of Medicine

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

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Toll Free: 866-DR2B-AUC
Fx: 786-433-0974

www.aucmed.edu



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