



American University of the Caribbean  
School of Medicine

**FEE SCHEDULE**

<b>CURRENT SERVICES</b>	<b>STUDENTS</b>	<b>GRADUATES</b>	<b>OTHER</b> (TRANSFERS/WITHDRAWALS)
-------------------------	-----------------	------------------	---

TRANSCRIPT (For Clerkships) **No Charge**

TRANSCRIPT (For Schools, self, etc)	\$ 10.00	\$ 15.00	\$30.00
--	----------	----------	---------

MSPE Letter (Medical Student Performance Evaluation Letter) (Replaces DEANS Letter effective 2004)	\$ 10.00	\$ 15.00	N/A
--	----------	----------	-----

FACULTY LETTERS (on file)	\$ 5.00		
---------------------------	---------	--	--

LICENSURE FORMS	\$125.00*	\$125.00*	N/A
-----------------	-----------	-----------	-----

EXTRA ORIGINAL DIPLOMA	N/A	\$ 75.00	N/A
------------------------	-----	----------	-----

COPIES OF EVALUATIONS	\$ 50.00 (PER SET)	\$ 50.00	N/A
-----------------------	--------------------	----------	-----

EXPRESS MAIL / FEDEX	Provide credit card # (include expiration date and 3-digit CVC Code) and/or pre-paid addressed carrier envelope		
----------------------	---	--	--

---

\*INCLUDES OTHER SERVICES SUCH AS VERIFICATION OF ENROLLMENT, VERIFICATION FOR HOSPITAL PRIVILEGES, WRITTEN/TELEPHONE COMMUNICATIONS WITH STATE MEDICAL BOARDS, ECFMG VERIFICATION FOR CERTIFICATION, ETC.

PLEASE EMAIL OR FAX YOUR REQUEST. ALWAYS PROVIDE A STUDENT ID NUMBER AND SIGNATURE WHEN REQUESTING ANY OF THE ABOVE SERVICES.

**NOTE: In order to expedite processing, pre-payment of services is required.**  
**Please make check or money order payable to American University of the Caribbean**  
 Attn: Mollie King