



REGISTRATION FORM

Caribbean Medical University

Campus: WTC Piscadera Bay, Curacao • Phone: (5999) 788-0015

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

Please provide complete information and print clearly. Incomplete or illegible registrations are subject to delays. Please submit this form to the administrative office of the campus on the orientation da .

STUDENT INFORMATION

1 Student Name: _____ Student ID Number _____
Last Name First Name As appears on ID card

2 Current Enrollment: --- Term: Spring Summer Fall Year: _____
Program - Semester

3 Do you currently live in CMU Dormitories? Yes No

If Yes please provide the room number: _____

If No please provide the local address: _____

4 Local Emergency Contact _____
Last Name First Name Relationship

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.

5 Please specify your laptop's MAC address: ____ : ____ : ____ : ____ : ____ : ____

6 Do you have any disabilities Yes No or are you on any special medical treatment? Yes No

If Yes please explain

7 Are you currently taking any medications on a regular basis? Yes No

If Yes please list medication name(s):

FOR OFFICE USE ONLY		
Date	Name	Remarks

STUDENT SERVICES

8 Lab Coat Size *(check only one)* ZU U M L XL XXL

9 Do you require to renew/obtain a Student ID Card? Yes No

If renewal is requested please provide the current ID card expiration date: ___ / ___ / ___

10 Transportation Services *(check only one)*

School Bus Service The service is available on the school days at 7:30 AM, 3:00 PM and 5:00 PM

Public Transportation The service is available approximately every 30 minutes on major routes

Private Transportation Check here if you have your own transportation such as a car or bike

11 Do you intend to candidate for SGA? Yes No

Please specify any other request(s) below:

12 CERTIFICATION: I am currently enrolled at Caribbean Medical University and I wish to continue my enrollment at the university for the current semester. I have read and understand the aforementioned instructions. I understand that it is my responsibility to follow up with student services that apply to me, and that I am responsible for any charges for requested services, which will be billed to my account. For official university records, your signature certifies that the above information is correct, and that failure to comply with the university's policy may result in the cancellation of your registration and all course enrollments may be dropped from your academic record.

Student's Signature: _____

Date: ___ / ___ / _____