



# REGISTRATION FORM

## Caribbean Medical University

Campus: Pater Euwensweg 25, Curacao • Phone: (5999) 461-5668  
U.S. Office 5600 N River Road Suite 800 • Des Plaines, Illinois 60018 United States  
Phone: (888) 877-4268 • Fax: (224) 499-7454 • Email: admissions@cmumed.org • Web: https://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

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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: \_\_\_ / \_\_\_ / \_\_\_

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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

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11 Do you intend to candidate for SGA?    Yes     No

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Please specify any other request(s) below:

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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: \_\_\_ / \_\_\_ / \_\_\_\_\_