



# APPLICATION FOR ADMISSION

## Caribbean Medical University

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

**Please include \$75 nonrefundable application fee payable to “Caribbean Medical University”**

### PERSONAL DATA

(International applicants note: Please print your name exactly as it appears on your passport.)

**1 Full Legal Name**

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*Last/Family Name/Surname* | *First/Given/Personal* | *Middle*

**2 Date of Birth** **Place of Birth**

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*MM/DD/YYYY* | *City or Town* | *Country*

**3 Social Security Number** **Sex:** M  F  **Age:**

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*XXX - XX - XXXX*

**4 Citizenship** **If not U.S. citizen, are you a Permanent Resident?** Yes  No

**5 Permanent Home Address**

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*Number and street or rural route* | *Apt. No.* | *( )* | *Area Code* | *Phone Number*

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*City or Town* | *State* | *Country* | *Zip Code*

**6 Current (if different from Permanent Address) Mailing Address**

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*Number and street or rural route* | *Apt. No.* | *( )* | *Area Code* | *Phone Number*

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*City or Town* | *State* | *Country* | *Zip Code*

**7 Emergency Contact**

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*Last Name* | *First Name* | *Relationship*

**Date of Birth** **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.

**8 Have you ever been:** convicted of a felony/crime Yes  No  or dismissed from any academic institution? Yes  No

*If Yes please explain*

**9 Have you ever been** treated for a mental illness or substance abuse? Yes  No

*If Yes please explain*

**10 Applicant's E-mail Address**

FOR OFFICE USE ONLY		
Date	Name	Remarks

## ADMISSION INFORMATION

**11** Proposed Term of Enrollment *(check only one)*    Spring (January)     Summer (May)     Fall (September)     Year \_\_\_\_\_

**12** Admission Category *(check only one)*

Freshman  Check here if you are a beginning freshman.

Transfer  Check here if you have transferable credits from an accredited medical school.

Readmit  Check here if you have ever registered at CMU for credit courses even though you may also have attended another collegiate institution. Previous enrollment was (check all that apply):  Premedical  MD Basic Science  MD Clinical Science

**13** Admission Program *(check only one)*

Premedical  Check here if you have graduated from high school or equivalent or have less than 90 credits of undergraduate coursework or equivalent.

MD Basic Science  Check here if you have at least 90 credits of undergraduate coursework or equivalent.

MD Clinical Science  Check here if you have successfully completed minimum two years of Basic Science in an accredited medical school.

**14** **Premedical Program applicants only:** Indicate the high school from which you graduated / will graduate.

<i>School Name</i>	<i>City or Town</i>	<i>State or Country</i>
Graduation date (mm/yyyy)	Dates of Attendance (mm/yyyy)	through
<i>Month / Year</i>	<i>Month / Year</i>	<i>Month / Year</i>

Check here if you completed the GED instead of graduating from high school. Indicate all high schools attended in the space provided above. Have your official GED scores as well as transcripts from last high school sent directly to CMU's Office of Admissions.

**15** List all other colleges at which you have enrolled, regardless of grades and/or credit hours earned. An official transcript must be sent from each college attended, even from summer or if no credit was earned. Failure to list all colleges & universities may make you ineligible for admission. The decision cannot be made until all transcripts have been received.

Begin with most recent college attended and be sure to complete all requested information.

Name	Credits	GPA	Graduation Date		Major	Degree
			Month	Year		

*\* For students with international college credit, indicate years of full-time study instead of credit hours.*

**16** MCAT scores (optional):

Exam Date    /    /    Test Scores: VR     PS     WS     BS     Total

Note: MCAT scores are optional for admission to CMU. However Applicants without MCAT should have strong letters of recommendation and satisfy the Admissions Committee that they possess strong motivation to study medicine. If available the MCAT scores should be sent directly from the testing agency to the CMU's Office of Admission. The code for Caribbean Medical University is 1208.

**17** List all academic awards and/or honors

Date	Award/Honor	Brief Description

## ADDITIONAL INFORMATION

18 How do you plan to finance your education? *(list values in % of total cost)*

Personal Savings  %      Family/Parental Support  %  
CMU MedLoan  %      Other Loans  %  
Other Sources  %      If Other Sources please explain \_\_\_\_\_

19 Do you prefer to live in CMU dormitories for at least one semester? Yes  No

If Yes please select your preference: Single Occupancy  Double Occupancy

20 Select your preferences in choosing a medical school *(select all that apply)*

School's Facilities       Curriculum       School's Reputation   
Clinical Rotations       USMLE Passing Rate       Other   
Low Tuition Fees       Financial Aid       If Other please explain \_\_\_\_\_

21 How did you first hear about Caribbean Medical University? *(check only one)*

Online Ad       TV Ad       Friend   
Search Engine       Newspaper       Other   
Poster       Radio       If Other please explain \_\_\_\_\_

22 Do you have relatives or friends, who are or were students of CMU? Yes  No

*If Yes please list name and relationship*

*Name*

*Relationship*

23 Nationality / Ethnic Background *(optional)*

Asian       Black       Caucasian       Hispanic       Other

24 Personal Statement - It is not a substitute for Personal Essay

Personal statement is an opportunity for you to tell us more about yourself beyond your grades and test scores. For example, describe any special achievements or talents that you possess such as artistic or cultural interests/pursuits (poetry, bilingual proficiency, etc.). Explain any personal experience, responsibilities and/or challenges that have impacted you or your academic achievements. Please write your statement on a separate sheet(s) and attach to the application. Please be as detailed as possible in your response.

25 CERTIFICATION: I, the undersigned, hereby apply for admission to the Caribbean Medical University and if admitted, I agree to comply with the rules of the school and to cooperate with the Faculty and Administration in maintaining high standards of scholarship and conduct. I certify that all the information provided in this application and associated materials are correct, valid and complete.

**If you are applying by mail, please remember to sign the application before you mail it.**

Signature \_\_\_\_\_

Date \_\_\_\_\_