

APPLICATION FOR ADMISSIONS

Belize Campus: Sea Star Drive, San Pedro, Ambergris Caye, Belize Phone: 011-501-226-2682

MAIL COMPLETED APPLICATION TO: 6956 East Broad Street, Suite 400 Columbus, OH 43213

Phone: 1-866-966-9843 Fax: 1-614-340-4688 Email: admissions@wuhs.edu.bz Website: www.wuhs.edu.bz



Washington University of Health and Sciences School of Medicine

WUHS

Please include \$100 non-refundable application fee (complete cc authorization form included)

APPLYING TO WUHS

We are happy you have chosen to Washington University of Health and Sciences. By choosing to complete this application, you have made an important decision about your higher education. Please read the following carefully. Fill out the application completely and accurately so that it can be evaluated and you can be notified of a decision.

Completing Your Application:

Review of your application will begin only after we receive your completed, signed application form, the appropriate application fee and additional materials (as listed in these instructions) by the published deadline.

- This application is valid only for the term for which you are applying. If you are accepted and do not enroll for that term, you should inform the WUHS Office of Admission that you would like to defer your enrollment.

- Any changes (name, address, program, etc.) to this application should be

submitted in writing to the Office of Admission.

- A transcript is considered official only when it is mailed directly from the records office of a given school, college, or university's Office of Admission. Transcripts marked "Issued to student" are considered official only if they are received in a sealed envelope from that school.

- All documents must be originals (faxed or unofficial documents cannot be accepted). All documents submitted to WUHS for admission purposes become property of the University. They will not be released to students or forwarded to other educational institutions or agencies.

- **Complete the credit/debit card authorization included with your application to pay the nonrefundable application fee is \$100 for all applicants. Do not send cash or personal check through the mail.**

You are encouraged to use a Social Security Number as your identification number to process your admission and financial aid application. We are requesting your Social Security Number pursuant to Public Law 93-579 for the University's system of student records as well as for compliance with federal and state reporting requirements. A Social Security Number is **required** if you are applying for financial aid, but is **not required** for admission to the University. Providing a Social Security Number will, however, speed up the processing of your application.

The University has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose your Social Security Number without your consent for any purpose except as allowed by law. If you do not have a Social Security Number, you will receive a temporary ID number that should be used on all correspondence.

If you need assistance in filling out this application, please feel free to call our Office of Admission at (866) 966-9843.

GENERAL ADMISSIONS REQUIREMENTS:

The fate of the application will be communicated within 7-10 working days from the day of receipt of the application. The following submittals are required to determine the eligibility for admission:

- **A completed Application Form.**
- **Personal essay explaining the reasons why you want to become a physician and 1 page resume/CV.**
- **Official transcripts from each school, college or university attended.**
- **Two letters of recommendation**
- **Two passport size color photos**
- **Nonrefundable application fee of US \$ 100 made (complete attached credit/debit card authorization).**

Following final acceptance, you will be advised to deposit US \$1,000 (one thousand) to reserve your seat for a given semester. This seat reservation fee is due within 10 days of acceptance or acceptance will be forfeited. The amount will be credited to the first semester tuition. Upon payment of seat deposit you will receive a copy of **WELCOME PACKET** containing pertinent information on how to prepare for the classes and any addition items required.

Applicants from the U.S. or Canada who are U.S. citizens or have permanent visas are expected to have a minimum of 90 credit hours undergraduate course work from an accredited college or university.

This is equivalent to approximately 2-3 years of undergraduate course work.

Applicants from Other Countries

The admissions committee will evaluate applicants from countries with educational standards comparable to the US. Each applicant should meet the educational requirements for admission to medical school in the country of origin. Other applications will be evaluated on an individual basis. All course work and diplomas should be translated into English.

Language

Applicants, whose native language is not English, are required to pass **TOEFL** (Test of English as a Foreign Language)

PERSONAL DATA

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

1 Full Legal Name:

Last/Family Name/Surname

First/Given/Personal

Middle

2 Date of Birth:

MM/DD/YYYY

Place of Birth:

City or Town

Country

3 Social Security Number:

XXX - XX - XXXX

Sex:

M

F

Age:

4 Citizenship:

If not U.S. citizen, are you a Permanent Resident?:

Yes

No

5 Home Address:

Number and street or rural route

Apt. No.

Area Code

Phone Number

City or Town

State

Country

Zip Code

6 Current Address (if different):

Number and street or rural route

Apt. No.

Area Code

Phone Number

City or Town

State

Country

Zip Code

7 Emergency Contact:

Last Name

First Name

Relationship

City or Town

State

Country

Zip Code

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 Ever convicted of a crime?: Yes No

Ever dismissed from academic institution?: Yes No

If Yes, please explain:

9 Ever treated for a mental illness or substance abuse? Yes No

If Yes, please explain:

10 Applicant's Email Address:

11 Proposed Term of Enrollment: Fall (September) Spring (January) Summer (May) Year **20**

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.

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 a minimum of two years of Basic Sciences 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>

15 List all other colleges at which you have enrolled, regardless of grades and/or 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 and universities may make you ineligible for admissions. 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 List all Academic awards and/or honors

Date	Award / Honor	Brief Description

ADDITIONAL INFORMATION

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

Personal Savings	<input type="text"/>	%	Family / Parental Support	<input type="text"/>	%
Other Sources	<input type="text"/>	%	Other Loans <i>(affiliated program)</i>	<input type="text"/>	%

18 Do you prefer to live in WUHS dormitory housing for at least one semester? Yes No

If Yes please select your preference: Single Occupancy Double Occupancy

19 Select your preference in choosing a medical school *(select all that apply)*

School's Facilities	<input type="checkbox"/>	Curriculum	<input type="checkbox"/>	School's Reputation	<input type="checkbox"/>
Clinical Rotations	<input type="checkbox"/>	USMLE Passing Rate	<input type="checkbox"/>	Other	<input type="checkbox"/>
Low Tuition Fees	<input type="checkbox"/>	Financial Aid	<input type="checkbox"/>		

20 How did you first hear about WUHS? *(select only one)*

Online Ad	<input type="checkbox"/>	Television Ad	<input type="checkbox"/>	Friend	<input type="checkbox"/>
Search Engine	<input type="checkbox"/>	Newspaper Ad	<input type="checkbox"/>	Other	<input type="checkbox"/>
Poster	<input type="checkbox"/>	Radio Ad	<input type="checkbox"/>		

21 Do you have relatives or friends who are attending or were attending WUHS? Yes No

If Yes, please list name and relationship

22 Nationality / Ethnic Background *(optional)*

Asian Black Caucasian Hispanic Other

23 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.

24 CERTIFICATION:

I, the undersigned, hereby apply for admissions to Washington University of Health and Science 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.

Signature: _____

Date: _____

CREDIT/DEBIT CARD AUTHORIZATION FOR \$100 APPLICATION FEE:

STUDENT INFORMATION

1 Applicant Name:

Last/Family Name/Surname

First/Given/Personal

Middle

CARD HOLDER INFORMATION

2 Name:

Grid of boxes for name entry

List name exactly how it appears on card (leave space in between names where necessary)

3 Address:

Number and street or rural route as appears on credit card statement

Apt. No.

() Area Code

Phone Number

City or Town

State

Country

Zip Code

CREDIT/DEBIT CARD INFORMATION

Effective May 1, 2012– credit/debit card payments will be assessed a fee of 4% of the amount being processed. All students must have a signed form on file in the event payment is requested through credit/debit card authorization.

Credit Card Number

Grid of boxes for credit card number

Expiration Date

Grid of boxes for expiration date

MMYY

Card Code*

Grid of boxes for card code

Card Type

VISA

MC

DISCOVER

Authorized Amount *(4% will be added)*

Grid of boxes for authorized amount

(In US Dollars)

Applicant email address: _____

three digit code on back of card **YOUR RECEIPT WILL STATE AMERICAN ACADEMIC SERVICES OR MEDICAL ADVANTAGE*

I AGREE TO PAY ABOVE AMOUNT ACCORDING TO CARD ISSUER AGREEMENT

Being the cardholder, by signing below I understand and agree to pay, and specifically authorize American Academic Services OR Medical Advantage to charge the credit card account for the university services provided (Application Fee). I have received and accept the current charges. I further agree that in the event this card payment becomes declined or invalid, I will provide the WUHS Finance Department with new valid card information upon request, to be charged for any outstanding balances and decline fees owed by the student.

**By Signing, you authorize the above credit card transaction to be complete.*

Signature: _____

Date: _____