

# INTERNATIONAL UNIVERSITY SCHOOL OF MEDICINE (IUSOM) – MICHIGAN CLINICAL CAMPUS



## MCC DEGREE ADMISSION APPLICATION FORM

Information for consideration in the studies of:  
Masters in Clinical Cardiology (MCC) Program

Academic Year 201	Candidate's Proposed Date to Start MCC Degree Program: / /
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Please complete this form and return it to:  
**Personal Assistant to the Dean of MCC Degree Admissions**  
 International University School of Medicine (IUSOM) – Michigan Clinical Campus  
 6050 Greenfield Road, Dearborn, 48126 Michigan, USA  
 Tel: + 1-313-945-9000 Fax: + 1-313-945-7500

E.-Mail: [prof\\_dewa\\_ramlu@InternationalUniversity-SchoolOfMedicine.org](mailto:prof_dewa_ramlu@InternationalUniversity-SchoolOfMedicine.org)

### IMPORTANT

You can either proceed with this version of the application form or download the fill-in version from our website: <http://www.InternationalUniversity-SchoolOfMedicine.org>. Please read the whole form carefully prior to answering each question. Fill in using capital letters or fill in online preferred. Complete in full even if supporting appendices are enclosed. Check against the “materials required” on page 5 of this form to ensure that your application information is complete before forwarding it to IUSOM in USA. **NOTE:** This 36 Months (6 Semesters) MCC Degree Program is being offered by IUSOM – Michigan Clinical Campus, USA at Ark Medical Center (AMC) and at AMC-Affiliated Hospitals located in Michigan, USA as well at MIOT Hospital in Chennai (India) and at other Cardiology Hospitals & Institutes situated in Asia.

### Personal Details

Family Name (Last Name): ..... Given Name(s): ..... Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Nationality: ..... Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ..... (day / month / year) Telephone: (including country and area codes) ..... Cellular: (including country code) ..... Fax: (including country and area codes) ..... E.-Mail: ..... .....	Permanent Address: ..... ..... ..... ..... ..... Temporary Address: (if applicable) ..... ..... ..... ..... ..... <b>Relationships</b> If you have any relationships with academic and/or non-academic staff member(s) at IUSOM-Bonaire Campus and/or at any other IUSOM Campuses located elsewhere in the world, then please indicate IUSOM Campuses and your relationships of such sort in the space below. ..... ..... .....
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## Education

Please enter the details of your recent degree / diploma / certificate, any further such documents, technical or other professional educations (if any), indicating where possible the main and subsidiary subjects studied. Include photocopies of degrees / diplomas / certificates along with those of transcripts.

Dates (from - to)	Name of University, Awarding Body or other Institution of Education	Main and Subsidiary Subjects Studied	Degree / Diploma / Certificate

## Employment (if applicable)

Please enter details of your employment (most recent first.)

Dates (from - to)	Name of Employer	Position Held	Outlines of Responsibilities

**Other relevant experience (apart from entered above),** giving examples of any experience acquired through studies related and voluntary activities, etc.:

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**Note:** You may provide further details in curriculum vitae, publications list, etc., on a separate sheet.

## Working Languages

At all IUSOM Campuses and at IUSOM-Affiliated Institutes situated in various parts of the world, the medium of all instructions concerning Masters in Clinical Cardiology (MCC) Program is English. Please indicate below your proficiency in English, French and Spanish, and **any other language**.

Native / first language(s): .....

All other languages - please indicate your level of competence in the table below.

Language(s)	Able to Speak (yes/no)	Able to Read Documents (yes/no)	Able to write reports (yes/no)

## Curriculum Vitae

Please provide your complete Curriculum Vitae in English as a separate document.

If you would like to point out any particularly significant aspects of educational and occupational career which may be important for your admission to the MCC Degree Program at IUSOM, please do so in a separate sheet of paper with full name and address, or in your CV.

## Selection Tests

Please be aware that you are NOT required to provide either a TOEFL, IELTS, SAT, ACT, or MCAT result or any other Equivalent Standardized Test result for enrolling at any IUSOM Worldwide Campus.

For further details see our brochure or consult our website:

<http://www.InternationalUniversity-SchoolOfMedicine.org>

## Financing Medical Education

How do you plan to finance your medical education at IUSOM? Please indicate the percent of support you anticipate in each category:

\_\_\_\_\_ % Loans    \_\_\_\_\_ % Family/Parental Support    \_\_\_\_\_ % Personal Savings    \_\_\_\_\_ % Other Sources

## Personal Objectives and Interests

Please provide essay-style answers to the following questions, as a separate document, adhering as strictly as possible to the number of words indicated in the parentheses:

1. What prompted you to decide to follow the MCC Degree Program at IUSOM? (Approximately 75 words).
2. What do you anticipate to professionally gain from the MCC Degree Program? (Approximately 150 words).
3. What do you expect to personally gain from the MCC Degree Program? (Approximately 150 words).
4. What are your long term goals to make use of medical skills and expertise to be acquired by attending the MCC Degree Program at IUSOM? (Approximately 150 words).
5. What are your leisure interests and hobbies? (Approximately 75 words).

## References

Please give the details of **two** appropriate referees. If possible, one referee should comment on your learning abilities of natural and medical sciences.

No family members or close friends should be given.

<b>Referee 1</b>	<b>Referee 2</b>
Relationship to you: .....	Relationship to you: .....
Family Name (Last Name): .....	Family Name (Last Name): .....
Forename(s) (First Name(s)): .....	Forename(s) First Name(s): .....
Title: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Title: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Contact Address: .....	Contact Address: .....
Telephone: (including country and area codes) Daytime: .....	Telephone: (including country and area codes) Daytime: .....
Evening/Weekend: .....	Evening/Weekend: .....
Facsimile: (including country and area codes) Daytime: .....	Facsimile: (including country and area codes) Daytime: .....
Evening/Weekend: .....	Evening/Weekend: .....
E-mail: (preferred address first, if more than one) ..... ..... .....	E-mail: (preferred address first, if more than one) ..... ..... .....

## Personal Character

Have you ever been charged or convicted of a felony, misdemeanour, or other crime?  Yes  No  
*If yes, please provide explanation on a separate sheet.*

## What to Include with your Application Form and How to send your Information?

### Materials Required

- Completed Application Form
- Curriculum Vitae in English
- Answers to the Five Essay Questions (*see page 3 of this form*)
- Photocopies of Degrees, Diplomas and Certificates and Transcripts
- Four Recent Passport-Size Photographs
- Non-Refundable Application Fee of US \$50.00

## Paying IUSOM Admission Application Fees and/or All Other Fees

Non-Refundable IUSOM Admission Application Fee of US \$50.00 for Masters in Clinical Cardiology (MCC) Program (being offered by International University School of Medicine (IUSOM) – Michigan Clinical Campus in USA at Ark Medical Center (AMC) and at AMC-Affiliated Hospitals located in Michigan, USA along with at MIOT Hospital in Chennai (India) and at other Cardiology Hospitals & Institutes situated in Asia) and/or all other related Fees in US dollars funds can be paid to IUSOM – Michigan Clinical Campus's Headquarters, namely, "**International University School of Medicine**" (Address: Kaya Mòfi 1-A, Bonaire, Caribbean Netherlands (Formerly Netherlands Antilles); Telephone: + 599 - 717 - 6792) either via a Demand Draft or preferably via a Wire Transfer to IUSOM Bank Account. To view the details on the procedure for Wire Transferring of Money to IUSOM Bank Account, please visit:

[http://internationaluniversity-schoolofmedicine.org/files/IUSOM\\_-\\_FEES\\_PAYMENT\\_-\\_BANK\\_TRANSFER\\_INFO\\_-\\_RBC.2.pdf](http://internationaluniversity-schoolofmedicine.org/files/IUSOM_-_FEES_PAYMENT_-_BANK_TRANSFER_INFO_-_RBC.2.pdf)

All applications are dealt with on a first-come first-served basis. In order to avoid postal delays, you are welcome to send some of your information ahead via fax and e-mail given on the top of page 1 of this form.

Submitting your application information and application fee is the start of the selection process. It is not a commitment. Nevertheless, the selection procedure can only begin when IUSOM has received your non-refundable application fee of US \$50.00.

## Please State Where you Saw this Institution Advertised

- Science
- Nature
- Scientific American
- The Chronicle
- C&EN
- Others .....

## Where to Send your Application Information?

You may send to IUSOM – Michigan Clinical Campus your application information via post mail or preferably via FEDEX, UPS or DHL Courier or more preferably via emailing the downloaded fill-in version from our website using IUSOM Postal and E.-Mail addresses cited on the top of page 1 of this form.

## Declaration

“I declare that the information I have given is, to the best of my knowledge, correct. I understand that any admission offered to me would be on this basis. I, as an applicant, further understand that an applicant providing IUSOM with any incorrect and misleading information will be denied admission, terminated, or dismissed and any diploma awarded to such applicant will be nullified at any future time. I undertake, if admitted to IUSOM, to abide by all Rules and Regulations of IUSOM.”

Signature: .....

Date: .....