# INTERNATIONAL UNIVERSITY SCHOOL OF MEDICINE

#### **PreMed ADMISSION APPLICATION FORM**



Information for consideration in the studies of: Pre-Medical (PreMed) Diploma Program

Academic Year 202 Semester: □January □Ma	ay □September
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Please complete this form and return to: Personal Assistant to the Dean of PreMed Admissions International University School of Medicine (IUSOM)

P.O. Box # 59, Kaya Mofi 1-A, Kralendijk, Bonaire 0000BQ, Caribbean Netherlands, The Netherlands Tel: + 599-717-6792 Fax: + 599-717-8385

E.-Mail: admin@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 headquarters.

☐ Bonaire

☐ México City

Barranquilla

Personal Details	
Family Name (Last Name):	Permanent Address:
Given Name(s):	
Title: ☐Mr. ☐Mrs. ☐Ms.	
Nationality:	
	Temporary Address: (if applicable)
Gender:□Male □Female	Temporary Transcos. (Tappinance)
D-4£D:-4.	
Date of Birth:(day / month / year)	
(day / monui / year)	
Telephone: (including country and area codes)	
Cellular: (including country code)	Relationships
	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
Fax: (including country and area codes)	located elsewhere in the world, then please indicate
	IUSOM Campuses and your relationships of such sort
EMail:	in the space below.
E. Man.	
Please State Which IUSOM Can	npuses you are Interested in:

☐ Sialkot

 $\Box$ UAE

□ New Delhi □ Chennai

### **Education**

Please enter the details of your recent 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 diplomas / certificates along with those of transcripts.

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

# **Employment (if applicable)**

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

Dates (from - to)	Name of Employer	Position Held	Outlines of Responsibilities
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Otner relevan	it experience (apart fi	rom entered abo	<b>ve)</b> , giving examples of any
experience acquire	d through studies related and vol	untary activities, etc.:	

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

## **Working Languages**

At all IUSOM Campuses situated in various parts of the world, the medium of all instructions concerning PreMed Diploma program is English. Please indicate below your proficiency in English, French and Spanish, and **any other language**.

Native /	first language(s):.	
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**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 PreMed Diploma 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 Source	% Loans	% Loans % Family/Parental	l Support %	6 Personal Savings	% Other Sour	rces
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# **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 parenthesises:

- 1. What prompted you to decide to follow the PreMed Diploma Program at IUSOM? (Approximately 75 words).
- 2. What do you anticipate to professionally gain from the PreMed Diploma Program? (Approximately 150 words).
- 3. What do you expect to personally gain from the PreMed Diploma Program? (Approximately 150 words).
- 4. What are your long term goals (after successfully completing your PreMed Diploma Program) to make use of medical skills and expertise to be acquired by subsequently attending the M.D. 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 related sciences.

No family members or close friends should be given.

Referee 1	Referee 2
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: □Dr. □Mr. □Mrs. □Ms.	Title: □Dr. □Mr. □Mrs. □Ms.
Contact Address:	Contact Address:
Telephone: (including country and area codes)	Telephone: (including country and area codes)
Daytime:	Daytime:
Evening/Weekend:	Evening/Weekend:
Facsimile: (including country and area codes)	Facsimile: (including country and area codes)
Daytime:	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? $\square$ Yes $\square$ 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 Diplomas and Certificates and Transcripts ☐ Four Recent Passport-Size Photographs
☐ Non-Refundable Application Fee of US \$50.00 (Please send this Fee in US dollars funds payable to  International University School of Medicine via a Money Order or preferably via a Wire Transfer)
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
Please State Where you Saw this Institution Advertised  □ Science □ Nature □ Scientific American □ The Chronicle □ C&EN □ Others
☐ Science ☐ Nature ☐ Scientific American ☐ The Chronicle ☐ C&EN
□ Science □ Nature □ Scientific American □ The Chronicle □ C&EN □ Others
□ Science □ Nature □ Scientific American □ The Chronicle □ C&EN □ Others  Where to Send your Application Information?  You may send to IUSOM 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
□ Science □ Nature □ Scientific American □ The Chronicle □ C&EN □ Others  Where to Send your Application Information?  You may send to IUSOM 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 EMail addresses cited on the top of page 1 of this form.

Date: