



# AMERICAN UNIVERSITY OF BARBADOS

## SCHOOL OF MEDICINE

### APPLICATION FORM

Program ☐ 4 years MD ☐ 5 ½ Year MD (Include Pre Med)

Type ☐ Regular ☐ Transfer

Semester Applied for ☐ January ☐ May ☐ September

### 1. PERSONAL INFORMATION

First Name

Middle Name

Last Name

Date of Birth (MM DD YY)

Country of Citizenship  Passport No.

Sex ☐ Male ☐ Female

Guardian's Name

Contact No

### CURRENT MAILING ADDRESS

City  State

Postal Code  Country

Permanent Address ☐ Same as current mailing address

City  State

Postal Code  Country

Home Phone  Mobile Phone

Email ID

## 2. ACADEMIC INFORMATION

Existing Qualification

☐

High School Diploma

☐

Undergraduate

☐

Graduate

☐

Other Medical School

List of Institutes / Universities Attended	Year of Completion	Major / Field of Study	Qualification	Grade/GPA/ Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## QUALIFYING/COMPETITIVE EXAMINATION FOR MEDICAL EDUCATION

Name of Exam	Location(s) Taken	Date	Attempts (Total)	High Score
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Specific Undergraduate/Graduate Courses Completed (Prerequisites/Transfer Credits)

List of Institutes / Universities Attended	Year of Completion	Major / Field of Study	Qualification	Grade/GPA/ Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## CLINICAL ROTATIONS (FOR TRANSFER STUDENTS ONLY)

Rotation	Hospital/University	Location	Dates	Grade	Preceptor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Scholarships, awards, distinctions, or  
special academic achievements

### 3. MEDICAL INFORMATION

Do you have any physical disabilities?

☐ Yes☐ No

Have you any medical condition or learning disability that may require special attention during medical school?

☐ Yes☐ No

Are you taking any form of medication prescribed by a Physician?

☐ Yes☐ No

### 4. SUPPLEMENTAL INFORMATION

If you answered "Yes" to any of the following questions, please submit a full statement of relevant facts for all incidents along with your application. You may be required to furnish copies of all official documents explaining the final disposition of the proceedings.

Have you ever matriculated at or attended any medical school as a candidate for the M.D. Program:

☐ Yes☐ No

Were you ever the recipient of any action by any college or medical school for

1. Unacceptable Academic Performance?  
(e.g. dismissal, disqualification, suspension, probation, etc.)

☐ Yes☐ No

2. Conduct Violations?

Were you ever a party in a civil lawsuit?

☐ Yes☐ No

Have you ever been convicted of, or charged with, a felony or misdemeanour?

☐ Yes☐ No

### 5. HOW DID YOU COME TO KNOW ABOUT AUB

Newspaper ☐ Internet ☐ Electronic Media ☐ Outdoor Advertisement ☐ Consultants ☐

Describe the Name of the Source

### 6. APPLICATION CHECK LIST

All documents must be in English or must have a certified English translation attached and must be originals or certified copies.

- ❖ Scanned Copy of Passport - Personal Details Page
- ❖ Statement of Purpose
- ❖ 2 Letters of Recommendation
- ❖ IELTS/TOEFL/MCAT/SAT(Optional)
- ❖ Academic Transcripts

## **DECLARATION BY THE APPLICANT**

I, the above named applicant do hereby declare that, the entries made by me in the Application Form are complete and true to the best of my knowledge and based on records. I understand that if any of the information is found wrong my application will stand cancelled. I, hereby undertake to inform the University, about any changes in information submitted by me.

By submitting the application, you agree to abide to the laws of the American University of Barbados whom also is bound by the laws of Barbados.

**Place:**

**Date:**

**Name**

**Note :**

1. AUB is not responsible for arranging a student visa to the USA.
2. AUB students must have all tuition payments applied to their university account to receive credit.