



Please staple a full-face passport style photograph here

APPLICATION FOR ADMISSION Four-Year M.D. Program

Entering class: Jan 20 May 20 Sept 20
Entering Rank: New Transfer...which Semester?

Admission Counselor, If Applicable
Have you applied to American University of St Vincnet School of Medicine before? No Yes, when?

I. PERSONAL PROFILE

Full Name:
Surname/Last Name Given/First Name Middle Name

Social Security/Social Insurance Number: Date of Birth:
mm / dd / yyyy

Gender: Male Female Country of Birth: Country of Citizenship:

Are you a permanent resident of the U.S.? Yes No If "Yes," what is your Alien Registration Number?

What is your passport number?

Current Address:
Street/P.O. Box City/Town

State/Province Zip/Postal Code Country

Phone:
Home Cell Fax

Email Address:

Permanent Address:
Street/P.O. Box City/Town

State/Province Zip/Postal Code Country

Phone:
Home Cell Fax

II. EMERGENCY CONTACT

Full Name:
Surname/Last Name Given/First Name Middle Name

Current Address:
Street City/Town

State/Province Zip/Postal Code Country

Phones:
Home Cell Fax

Email Address:

III. FAMILY

Marital Status: Single Married Widowed Divorced Number of Dependents:

Spouse's Name: Does your spouse live with you? Yes No

Mother's Full Name: Living Deceased

Father's Full Name: Living Deceased

Phone: Phone:

Email Address: Email Address:

Occupation: Occupation:

Highest level of education obtained: Highest level of education obtained:

IV. PRE-COLLEGE EDUCATION

High School/Secondary School 1:
Name City/Town State/Province and Country

Dates of Attendance: from to Diploma Received? Yes No G.P.A.
mm/yyyy mm/yyyy

High School/Secondary School 2:
Name City/Town State/Province and Country

Dates of Attendance: from to Diploma Received? Yes No G.P.A.
mm/yyyy mm/yyyy

V . C O L L E G E S & U N I V E R S I T I E S

Institution 1:
Name City/Town State/Province and Country

Level of Study: Undergraduate Graduate Field of Study/Major:

Dates of Attendance: from to Degree Received? Yes No If yes, which degree?
mm/yyyy mm/yyyy

Number of Credits Earned: Qtr Hrs Sem Hrs Overall G.P.A.: Science G.P.A.:

Institution 2:
Name City/Town State/Province and Country

Level of Study: Undergraduate Graduate Field of Study/Major:

Dates of Attendance: from to Degree Received? Yes No If yes, which degree?
mm/yyyy mm/yyyy

Number of Credits Earned: Qtr Hrs Sem Hrs Overall G.P.A.: Science G.P.A.:

Institution 3:
Name City/Town State/Province and Country

Level of Study: Undergraduate Graduate Field of Study/Major:

Dates of Attendance: from to Degree Received? Yes No If yes, which degree?
mm/yyyy mm/yyyy

Number of Credits Earned: Qtr Hrs Sem Hrs Overall G.P.A.: Science G.P.A.:

The following courses are required for admission. We will verify all information upon receipt of your transcripts.

Title of Course	Done? (y/n)	When? (mm/yyyy)	Course Number	Credit Hrs	Sem/Qtr*?	Grade	Institution
Inorganic Chemistry I w/ Lab	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 150px;" type="text"/>
Inorganic Chemistry II w/ Lab	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 150px;" type="text"/>
Org Chem I w/ Lab	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 150px;" type="text"/>
Org Chem II w/ Lab (or Biochem)	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 150px;" type="text"/>
Biology I (or equivalent) w/ Lab	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 150px;" type="text"/>
Biology II (or equivalent) w/ Lab	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 150px;" type="text"/>
Physics I w/ Lab	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 150px;" type="text"/>
Physics II w/ Lab	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 150px;" type="text"/>
Writing or Literature	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 150px;" type="text"/>
Writing or Literature	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 150px;" type="text"/>
College Math or Statistics	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 20px;" type="checkbox"/> <input style="width: 20px;" type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 150px;" type="text"/>

Note that Quarter Hours are equal to 75% of Semester Hours. Minimum admission requirement is 90 Semester Hours.

Do you have any comments?

VI. STANDARDIZED EXAMINATIONS

Medical College Admissions Test (MCAT)

If you have taken the examination, please have your scores sent directly from the testing agency.

Test Date (mm/yyyy)	Verbal Reasoning	Physical Sciences	Biological Sciences	Writing Section

Other Standardized Examinations

If you have taken exams like the GCSE, A-levels, HND, or IB, please indicate below and have the scores sent to us from the testing agency.

Examination	Test Date (mm/yyyy)	Score	Institution

Test of English as a Foreign Language (TOEFL) (International American University code for TOEFL is 8625)

Test Date: Score:
mm/yyyy

International English Language Testing System (IELTS). Test Date: Score:
mm/yyyy

Scholastic Aptitude Test (SAT) (International American University code for SAT is 4375)

Test Date: Score:
mm/yyyy

VII. EMPLOYMENT

Employment Experience

Did you work in college? Yes No If yes, how many hours per week?

Please provide details about employment.

Dates	Place of Employment	Job Title

Volunteer Experience

Have you volunteered for a health care organization? Yes No If yes, how many hours per week?

Dates	Organization	Role

VIII. PERSONAL STATEMENT

To better evaluate you as a prospective student, please write an essay which addresses the following questions:

1. Why do you wish to become a physician?
2. How have you prepared for a career as a physician? Specifically, address your academic preparation and any volunteer or service-oriented experience.

Your essay should be typed and must not exceed 1500 words. It **MUST** be included with this application form for us to proceed with the admissions process.

Please feel free to send us any other materials which will help us better evaluate you as an applicant.

IX. PERSONAL HISTORY

Please answer all of the following questions. If you answer "YES" to any of them, please submit an explanation on a separate sheet of paper.

- | | |
|--|--|
| Have you ever been dismissed, disqualified or suspended from an academic institution? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been disciplined by an academic institution for any violation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a misdemeanor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had a license suspended or revoked by any regulatory committee? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any physical disabilities or mental conditions that require special attention? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever attended medical school before? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

You must read and sign the following section in order to complete your application.

I understand that American University of St Vincent School of Medicine reserves the right to accept or deny any applicant.

I hereby state that to the best of my knowledge all the information in this application, including supporting materials, is true. I authorize AUS School of Medicine to contact prior institutions for verification of personal and academic information. Anything which suggests that I have provided incorrect or misleading information will be grounds for my immediate dismissal from the university or for the revocation of my degree, if already graduated.

Signature: _____

Date:
mm/dd/yyyy

Print your Name:

American University of St Vincent School of Medicine grants admission to students regardless of color, race, nationality, religion, gender, or marital status.

X. SURVEY

How did you hear about the College?

- Internet Name of website:
- Advertisement Where did you see the advertisement?
- Advisor Name of advisor and school:
- AUS Student/Alumni Name of the individual:
- Seminar or Event Location:
- Other Please describe:

C H E C K L I S T

- A completed application form. Incomplete applications will not be processed.
- One passport-sized photograph with your name and signature on the back. This is in addition to the one stapled to the front of the application in the appropriately-labeled area.
- A non-refundable application fee of \$75.00, payable to AUS. Applications will not be processed without the application fee. For credit card payments, please download the Credit Card Authorization form at <http://ausmed.us/forms.php>
- Two letters of recommendation submitted directly from professors, employers or a pre-professional committee.
- Your personal statement, typed. Please include your name on each page.
- Official transcripts. These should be sent directly from each institution attended.
- Official MCAT, TOEFL, and other examination scores should be sent directly from the testing agency if the applicant has taken these exams. TOEFL or IELTS scores must be submitted if English is not your native language.
- If you are a transfer student, please complete the transfer supplement form which can be downloaded at <http://ausmed.us/forms.php>
- Letter of good conduct or background check from the police department. Please submit an official letter from the police department. No photocopies please. It is NOT necessary to submit this unless you are accepted.
- Health form, which can be downloaded at <http://ausmed.us/forms.html>. It is NOT necessary to submit this form unless you are accepted.



Mail application and supplemental materials to:

Office of Admissions, AUS School of Medicine, 17950 Preston Rd, Suite 420, Dallas, Texas 75252