

2012 Application for Study in the United States Complete Preparation for Medical Residency

Please mail or fax the completed application to	Kaplan Test Prep & Admissions Attn: International Medical Admissions Fax: +1-213-769-5019
Please type or print in BLOCK LETTERS. All sections must be For any section left incomplete, it will be assumed that the service	completed. MOHE.Admissions@kaplan.com
SECTION 1- STUDENT INFORMATION A. Please write your name as it appears on your passport. Errors	may cause delays in processing.
Family Name: First Nam	e(s)Middle
Email Address: Date	of Birth (Day/Month/Year):/19 Male Female
Country of Birth Co	intry of Citizenship
B. Student's International Home Country Address: Thi	s information is required for students requesting an I-20. P.O. Boxes are not permitted
Street Address:	
City: State/Province:	Country: Postal Code:
C. I-20 Mailing Address This is the address to which your acc	eptance package will be mailed.
Street Address:	
City: State/Province:	Country: Postal Code:
Telephone:	Email
D. Student Visa Assistance (Please check one): 1-20 iss	ance is subject to confirmation of the validity of your non-immigrant status.
Outside the USA and need a student visa Inside the US	A (Please indicate visa type:)
I am bringing dependents (spouse or child only). Please provi	le the following information for each dependent. Use additional pages if necessary.
Family Name: First Name(s)	Relationship:
Date of Birth (Day/Month/Year):/ Country of	f Birth: Country of Citizenship:
E. Student Academic Information: Please check off any US	MLE exams you have already taken.
Step 1	Step 2 CK Step 2 CS
SECTION 2- COURSE INFORMATION	
Course: USMLE CompletePrep (12 months)- Preparation	n for the Step 1, Step 2 CK, and Step 2 CS exams.
Location: Chicago Medical Institute	Washington, DC NY Medical Institute- NJ Penn Station (Newark, New Jersey)
Please check the date you will start your Complete Pre	
Chicago Medical Institute:July 11, 2012	August 01, 2012November 14, 2012
Washington DC:May 16, 2012	June 06, 2012
NY Medical Institute (Newark, NJ):June 27, 201	2July 11, 2012July 18, 2012
SECTION 3- STUDENT STATEMENT (A signature is requi	red below.)
All Applicants: I, the undersigned, certify that the information that	I have provided in the application is true and correct to the best of my knowledge. In case

of illness or injury, I give permission to any appropriate medical center to examine and treat me as necessary. Permission is also granted to release any and all information regarding my health to any individuals charged with my care and treatment. In submitting this application, I have read, understand, and accept all the terms and conditions of this contract as enumerated on page 2 of this application. I-20 APPLICANTS: I understand that I am personally responsible for my compliance with all USCIS regulations listed on page 2 of the I-20 Certificate of Eligibility if I have been issued an I-20 by Kaplan.

		/ /	/
Signature of Applicant (or Guardian for applicants under 21)	Day	Month	Year

2012 International Admission Application for Kaplan Medical Checklist



International Admission Application for Kaplan Medical

In order to efficiently and accurately process your enrollment, you will need to submit a completed International Admission Application for Kaplan Medical. It is necessary that you fill out the entire application. Failure to do so may create unnecessary delay in the issuance of the I-20 and/or errors in the processing of the enrollment. Please provide the name on this application as it appears on the applicant's passport.



Proof of Financial Eligibility

Please submit a copy of the student's scholarship letter and/or financial guarantee.



Proof of English Proficiency

An applicant may submit one of the following:

A) A minimum TOEFL[®]* PBT score of 530[^] B) A minimum TOEFL[®]* CBT score of 197[^]

C) A minimum TOEFL^{®*} iBT score of 71^ D) A minimum TOEIC[®] score of 710^

E) A minimum IELTS[®] score of 5.5[^]
F) A degree from an American high school, college, or university
G) A letter from a foreign college or university attended stating that English is the primary mode of instruction.



Proof of Scholastic Preparation

For admission to a preparation course for the USMLE[®] program, the applicant must provide a transcript or diploma from a college or university showing that a course of study normally required for enrollment is in progress or has been completed.



Copy of Applicant's Valid Passport

Note: If you are already in the USA, you may be required to submit additional documentation and/or information. All documents are subject to review.

* Test names are registered trademarks of their respective owners ^ Test scores must be dated within 24 months of application.

Note: Student Visa Information

In support of a student's application for an F-1 status, Kaplan is authorized to issue a Form I-20 A-B, Certificate of Eligibility for Non-immigrant (F-1) Students. Submission of the International Admissions Application does not guarantee that Kaplan will issue a Form I-20 A-B, Certificate of Eligibility for Non-immigrant (F-1) Students.

As stated on page 2 of this application, students planning to apply for an I-20 for study in the USA are required to demonstrate adequate financial support for the entire enrollment period. A copy of the student's scholarship letter and/or financial guarantee is required for this.

It is the applicant's responsibility to determine whether the \$200 SEVIS Fee* applies to his/her Visa application. For more information, go to www.FMJfee.com. Please note that this fee is independent of Kaplan enrollment costs and must be paid directly to the SEVIS administrator.

* As of October 27, 2008, the SEVIS I-901 fee will increase to \$200.