

Application for Admission

Please fill out the application form and email the completed form and other documents to: admissions@martinus.edu



St. Martinus University
Faculty of Medicine
18 Schottegatweg Oost
Willemstad, Curaçao

This is a transfer to (underline one):

Pre-Med + MD

MD

Please indicate your choice of preferred starting time (underline one):

Spring (YYYY) _____

Summer (YYYY) _____

GENERAL INFORMATION

Last Name	First Name	M.I.
Social Security Number / Passport Number		Sex Age
Date of Birth	Place of Birth	Citizenship
Current Mailing Address		
City/ State/ Zip Code/ Country		
Home Phone	Other Phone	
Permanent Mailing Address		
City/ State/ Zip Code/ Country		
Permanent Phone Number		
E-mail Address		

IN AN EMERGENCY, PLEASE CONTACT

Name	Relationship
Address	
City/ State/ Zip Code/ Country	
Home Phone	Other Phone
E-mail Address	

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Marital Status	Number of Dependents
Spouse's Name	Occupation
Names of Dependents and/or Children	
Name	Age
Name	Age
Name	Age

PERSONAL INFORMATION (Please write by answering Yes or No)

1. Do you have physical handicaps?				
2. Do you have any medical condition(s) that may require special attention during medical school?				
3. Have you ever taken any prescription drugs for any mental or emotional illness or learning disorder?				
4. Have you ever had a license denied, suspended or revoked by any regulatory committee?				
5. Have you ever been disciplined or dismissed by an academic or professional committee or denied admission by any professional organization?				
6. Have you ever been disciplined or dismissed from an academic school?				
7. Have you ever been charged with or convicted of a felony?				
8. Have you previously attended a medical school? If yes, Please list below :				
9. How do you plan to finance your medical education at St. Martinus University? <i>Please indicate the percent of support you anticipate in each category</i>				
<table><tr><td>% Loans</td><td>% Family / Parental Support</td><td>% Personal Savings</td><td>% Other Sources</td></tr></table>	% Loans	% Family / Parental Support	% Personal Savings	% Other Sources
% Loans	% Family / Parental Support	% Personal Savings	% Other Sources	
10. Please list the family members and/or dependents who might join you when attending the campus while you are completing the Basic Sciences program.				
11. How did you find out about St. Martinus University School of Medicine?				

**If answer to any of the questions is yes, please attach an explanation on a separate sheet of paper.*

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ACADEMIC RECORDS Grade Point Average

(Please provide scale, if not self-explanatory)

Aggregate G.P.A.

Undergraduate

Undergraduate Science

Graduate

Graduate Science

List all High Schools, Secondary Schools, Colleges and Universities Attended	Dates	Major or Field of Concentration	Credit Hours Earned	Degree (if applicable)
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List any scholarships, awards, distinctions, or special academic achievements.

OTHER EDUCATIONAL SYSTEMS (A Levels, IB)

Examination

Date _____

Subject

Score

Institution

MCAT (Recommended but optional)

If you have registered for, but not yet taken the MCAT, please indicate when you plan on sitting for the examination.

Date Taken

Date Taken

Verbal

Phy Sci

Writing

Bio Sc

Verbal

Phy Sci

Writing

Bio Sc

Score

Score

EMPLOYMENT HISTORY & ACTIVITIES

1. Please list your employment history beginning with your current occupation.
- Job & Title

Date of Employment

Place of Employment

2. Please list volunteer, college and extra curricular activities in which you participated.

3. Please list your clinical experiences in hospitals, health care centers or physician's offices.

4. Do you have other interests, hobbies or pursuits?

5. Please list travel outside of your home country.

Date	Country	Date	Country
Date	Country	Date	Country

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COURSEWORK

Please list all of your undergraduate and graduate courses in the spaces below. Indicate in the extreme right hand column any course that was not credited toward the applicant's undergraduate or graduate degree.

An official transcript must be received from each institution prior to formal review by the admissions committee.

Please attach additional sheets if necessary.

Course Title	Years Taken	Credit Hours	Name of Undergraduate Institution	Name of Graduate Institution
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Biological Sciences

Chemistry (Inorganic and Organic)

Physics

Mathematics, Statistics & Related Courses:

Other Humanities and English:

LETTER OF RECOMMENDATION:

2 letters are required. Please arrange to send them directly to admissions@martinus.edu with your name in the subject line for the purpose of completing this application. Also, please arrange to send these letters in hard copy to the school directly.

PERSONAL STATEMENT:

Personal Statement represents the applicant's opportunity to communicate to the Admissions Committee anything that the applicant feels is important for the Committee to know about that might not be sufficiently covered by the standard application format; might clarify any ambiguity, or highlight weakness or other thought-provoking feature of the application; or would give the Committee greater insight about the applicant's unique qualifications, aptitudes, competencies, experiences, interests and aspirations.

By submitting this application form via email, I verify that the information in these application materials is complete and accurate to the best of my knowledge.

Applicant Name:

Note: Any false or misleading information supplied by an applicant will be grounds for withdrawing any acceptance issued or future dismissal from St. Martinus University.