**American University School oF medicine aruba**

  **Application for Admission**

 **May 2019**  **Sept 2019**

**Transfer: Basic Sciences** **Transfer: Clinical Sciences**

Please mail your completed application and all required documents to:

American University School of Medicine Aruba

Attention: AUSOMA Admissions, 1172 Satellite Blvd. Suwanee, GA 30024

For assistance with the application process please contact the Admissions Department.

Phone: 770.330.8050 Email: Info@ausoma.org

1. **Personal Data (Please print clearly)**

Full Name (First, Middle Initial, Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S. Citizen \_\_\_\_ Canadian Citizen \_\_\_\_ Other (Citizenship) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #/Social Insurance #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male\_\_\_\_ Female\_\_\_\_ Date of Birth MM/DD/YYYY Marital Status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City or Town (State/Province/County) Zip Code/Postal Code

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile (Cell) Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent** Mailing Address:

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City or Town (State/Province/County) Zip Code/Postal Code

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile (Cell) Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current** Mailing Address:

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City or Town (State/Province/County) Zip Code/Postal Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Full Name Occupation Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Full Name Occupation Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Full Name Occupation Phone Number

# Of Dependents and their age (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and phone number of person to call in case of emergency: (Must be filled in)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Phone Number (Country/Area/City Code) Relationship**

1. **Employment, Volunteer Work, and Extracurricular Activities**
2. List Employment for the last five years:

Date: From\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: From\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: From\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List Volunteer Work for the last five years:

Date: From\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: From\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List all Extracurricular Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Personal History**
3. Have you personally faced any hardships that have interfered with your educational goals?

Yes\_\_\_\_ No\_\_\_\_ If yes, please explain on a separate sheet of paper.

1. Are you currently, or have you ever been, under the care of any health care provider for any physical, mental, emotional and/or learning disability? Yes\_\_\_\_ No\_\_\_\_ If yes, please explain on a separate sheet of paper.
2. Are you currently taking any prescription medications for any physical, mental, emotional and/or learning disability? Yes\_\_\_\_ No\_\_\_\_ If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you ever been convicted of a crime? Yes\_\_\_\_ No\_\_\_\_ If yes, please explain on a separate sheet of paper.
4. Have you ever had your privileges or license (professional or otherwise) denied, suspended, or revoked? Yes\_\_\_\_ No\_\_\_\_ If yes, please explain on a separate sheet of paper.
5. Have you ever been dismissed from an academic institution? Yes\_\_\_\_ No\_\_\_\_ If yes, please explain on a separate sheet of paper.
6. Have you ever attended medical school? Yes\_\_\_\_ No\_\_\_\_ If yes, please explain on a separate sheet of paper.
7. Do you presently fulfill the requirements for admission to AUSOMA as outlined on the website? Yes\_\_\_\_ No\_\_\_\_ If no, what requirements do you need to fulfill? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. When will the requirements be fulfilled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever applied to AUSOMA in the past? Yes\_\_\_ No\_\_\_\_ If yes, please explain when and how you have improved your application on a separate sheet of paper.
2. What is your native language? \_\_\_\_\_\_\_\_\_\_\_ Was your education in English? \_\_\_\_
3. How will you fund your education? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **How did you first hear about American University School of Medicine Aruba? (Please be specific)**

Advertisement School Advisor

(Name of Paper): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Advisor/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Book Internet

(Name of Book): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUSOMA Graduate AUSOMA Student

(Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUSOMA Faculty Other

(Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you contacted by phone after requesting information about AUSOMA?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please check one? Student\_\_\_\_\_ Graduate\_\_\_\_\_ Admissions \_\_\_\_\_

Did this influence you to apply to AUSOMA? Yes\_\_\_\_\_ No\_\_\_\_\_

1. **Academic Record (Please insert NA if does not apply to you currently)**

High School Diploma: School Name/Year of graduation/ SAT or ACT Score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Undergraduate: School Names(s)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major(s) \_\_\_\_\_\_\_\_\_\_\_ Degree Date (s) \_\_\_\_\_\_\_\_\_ Degree Type (s) \_\_\_\_\_\_\_\_\_\_\_

Overall Undergraduate GPA: \_\_\_\_\_

Graduate School: Names(s)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major(s) \_\_\_\_\_\_\_\_\_\_\_ Degree Date (s) \_\_\_\_\_\_\_\_\_ Degree Type (s) \_\_\_\_\_\_\_\_\_\_

Overall Graduate GPA: \_\_\_\_\_

Medical School: Name/ Location/ Duration (Transfer Students)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last MD semester completed: \_\_\_\_\_\_ Degree Date (s) \_\_\_\_\_\_\_\_\_ Degree Type (s) \_\_\_\_\_\_\_\_\_\_

Overall Medical School GPA: \_\_\_\_\_.

|  |  |  |  |
| --- | --- | --- | --- |
| **Test** | **Date** | **High Score** | **# of Attempts** |
| SAT  |  |  |  |
| ACT |  |  |  |
| MCAT |  |  |  |
| TOEFL |  |  |  |
| IELTS |  |  |  |
| USMLE STEP 1 |  |  |  |
| USMLE STEP 2 CK |  |  |  |
| USMLE STEP 2 CS |  |  |  |

**The following undergraduate courses are required for entry into MD Program.** \*Credit is given for all classes passed with a 70% or C average. No grades below a C will be awarded credit.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course Title | University Name | Year Taken | Grade | Lab Grade |
| General Biology I |   |   |   |   |
| General Biology II |   |   |   |   |
| General Chemistry I |   |   |   |   |
| General Chemistry II |   |   |   |   |
| Organic Chemistry I |   |   |   |   |
| Organic Chemistry II |   |   |   |   |
| General Physics I |   |   |   |   |
| General Physics II |   |   |   |   |
| Calculus |   |   |   | N/A |
| English I |   |   |   | N/A |
| English II |   |   |   | N/A |

**Basic Science Courses Completed (Transfer Students)**

|  |  |  |
| --- | --- | --- |
| Basic Science Course Title | University Name | Grade |
| Gross & Developmental Anatomy I  |   |   |
| Epidemiology & Preventive Medicine |   |   |
| Histology & Cell Biology |   |   |
| Intro to Study of Medicine |   |   |
| Doctor Patient I  |   |   |
| Physiology I |   |   |
| Gross & Developmental Anatomy II |   |   |
| Neurosciences |   |   |
| Physiology II |   |   |
| Biochemistry & Molecular Medicine |   |   |
| Microbiology & Immunology |   |   |
| Medical Psychology & Ethics |   |   |
| Pathology I |   |   |
| Clinical Pathological Correlation |   |   |
| Patient Doctor II |   |   |
| Clinical Hospital Orientation |   |   |
| Pharmacology |   |   |
| Pathology II |   |   |
| Intro to Clinical Medicine & Physical Diagnosis II |   |   |

**Clinical Rotations Completed (Transfer Students)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rotation | Name of University | Hospital | # Weeks  | Grade  |
| Family Practice  |  |  |  |  |
| Pediatrics |  |  |  |  |
| Psychiatry |  |  |  |  |
| OB/ GYN |  |  |  |  |
| Internal Medicine |  |  |  |  |
| Surgery  |  |  |  |  |
| - Elective |  |  |  |  |
| - Elective |  |  |  |  |
| - Elective |  |  |  |  |
| - Elective |  |  |  |  |

1. **Structured Medical Student Interview Questions**

These questions must be typed on a separate sheet of paper and in English.

* 1. What aspects of your life experiences do you think make you a good candidate for medical school?
	2. Who are the three most influential people in your life?
	3. What leadership roles have you held?
	4. Optional essay: If you feel like your academic record and/or background is somewhat unusual, please state to the Board of Admissions a concise explanation of your path towards medicine.

**Background Check (Credit) Authorization**

To whom it may concern:

I hereby authorize and request any credit agency, or other persons having knowledge regarding my credit history, to furnish American University School of Medicine Aruba (AUSOMA) or its authorized agent, with information regarding my credit history. I agree that a photocopy of this information can be furnished to AUSOMA, and that it will have the same authority and authenticity as the original.

I understand that AUSOMA positions (including potential students) which are designated critical require credit checks. I also understand that any misrepresentation, falsification or omission of the facts herein may be considered cause for separation from my acceptance or employment at AUSOMA.

I verify that the information on this form is true to the best of my knowledge.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please Print) Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

I understand that American University School of Medicine Aruba reserves the right to accept or deny any applicant. I hereby state all information here is true and that (I) / (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) am/is responsible for paying all my fees. I will conform to all the terms and conditions pertinent to being a student/graduate/employee at this school. Any applicant providing AUSOMA with any incorrect or misleading information will be denied admission, terminated, be dismissed, or any degree nullified at any future time.

* Please enclose the following along with your completed application: at least 8 recent passport-size photographs, two letters of recommendation, answers to structured questions, background and credit check page signed, ALL official transcripts from undergraduate, graduate, or medical colleges (Sent to the school. No student copies accepted for official acceptance into AUSOMA), official MCAT scores if taken and a non-refundable application fee of $50.00.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note: Your application will NOT be reviewed unless all applicable sections are completely answered and your application includes all required items with the application fee of $75.00 paid.**

**State Privacy Notice:**

The principal purpose for requesting the information on this form is to conduct background and credit checks. University policy and federal statute authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory-failure to provide such information may result in determination that the applicant is ineligible for admission.

**Adverse Action Notice**: If AUSOMA decides not to hire or accept you as a student (or terminate you if you have already been hired or been accepted into AUSOMA) based on information received in a credit report, it will notify you prior to taking action.