

STUDENT'S APPLICATION FORM

ACADEMIC YEAR _____ / _____

- Please **read the instructions carefully** before completing this form and answer all relevant questions. **Incomplete applications will not be processed.**
- **Please select program of study**
 - Associate Degree in Natural and Applied Sciences (Pre-Med Based)**
 - Doctor of Medicine (MD)**
- Applicants are required to complete all sections of the form in **BLOCK LETTERS** only. Please indicate 'N/A' where the information requested in a section is not applicable to your situation.
- A non-refundable application fee of US\$30 for applicants who are Jamaican and CARICOM citizens, and USD \$60 for ALL other applicants must be paid to National Commercial Bank, Matilda's Corner Branch **USD Account Number 37-4387812** or Cheque payable to Caribbean School of Medical Sciences Jamaica Limited. Use full name as reference on the Bank Receipt.
- Completed Application Forms should be submitted to our offices located at **15 Braemar Avenue.**
- Along with certified copies of the following:
 - Required Qualification
 - Birth Certificate
 - 2 Passport Size pictures
 - Curricular Vitae
 - Bank Receipt
 - Two Character Recommendation) 14
 - Identification (Passport/National ID)
- Please review form to ensure that all questions are answered properly and truthfully.

STUDENT'S APPLICATION FORM
PERSONAL INFORMATION

Name			
Title:	Surname:	First Name	Middle Name(s)
Former Name (if applicable)			
Title:	Last Name/Surname:	First Name:	Middle Name (s)
			b) Type of Former Name: Maiden Name <input type="checkbox"/> Prior to Deed Poll <input type="checkbox"/>
General Information			
Gender : Female <input type="checkbox"/> Male <input type="checkbox"/>			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Date of Birth:(dd/mm/yyyy) ____/____/____			
Country of Birth:		Citizenship:	Nationality:
Country of Residence and Duration:			
Have you ever been convicted of a Criminal Offense: <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes please state:			
Religion:		Father's Nationality :	Mother's Nationality:
Do you have any disability : <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes please state:			

Other Information			
Have you previously applied to the CSMSJ? <input type="checkbox"/> Yes <input type="checkbox"/> No		How did you find out about CSMSJ:	
Have you previously been a student at CSMSJ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Provide Agent Information:	
-If the answer is yes please state the following			
Campus :	Identification number :	Year (mm/yyyy) :From	To:
Program:		Major :	

CONTACT INFORMATION

Permanent Address:		Mailing Address (if different):	
Street:		Street:	
P.O. Box :		P.O. Box: ..	
City:	Country:	City:	Country
State/Parish :	Zip Code:	State/Parish :	Zip Code:
Home Phone:		Fax Number:	
Work Phone:		Email 1:	
Cell Phone:		Email 2:	

IMMIGRATION

Passport number:	Expiry Date: (dd/mm/yyyy)	Issued by :
Eligibility Status/ Student Permit	Expiry Date: (dd/mm/yyyy)	Issued by :

EMERGENCY CONTACT
NEXT OF KIN # 1

Title:	Surname:	First Name:	Middle Initials :
Relationship to Applicant:		Telephone Number :	Email:
Permanent Address:		City/Town/Post Office:	Parish/State:
Country:		Zip Code:	

FOR OFFICAL USE ONLY		
Documents Submitted		
<input type="checkbox"/> Qualifications		
<input type="checkbox"/> Curricular Vitae		
<input type="checkbox"/> 2 Passport Size Picture		
<input type="checkbox"/> Bank Receipt		
<input type="checkbox"/> Copy of Identification		
<input type="checkbox"/> Birth Certificate		
<input type="checkbox"/> Character Recommendation		
<input type="checkbox"/> Police Records /Student Permit		
Signature _____		Date _____
<input type="checkbox"/> Unconditional Acceptance	<input type="checkbox"/> Conditional Acceptance	<input type="checkbox"/> Rejected :
-- Comments		
Admission Committee Chair _____		Date _____
H.O.D's Signature _____		Date _____
Dean's Signature _____		Date _____