



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 **77 Shortwood Road, Kingston 8**
- Along with certified copies of the following:
 - Required Qualification
 - Birth Certificate
 - 2 Passport Size pictures
 - Curricular Vitae
 - Bank Receipt
 - Two Character Recommendation
 - 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 :

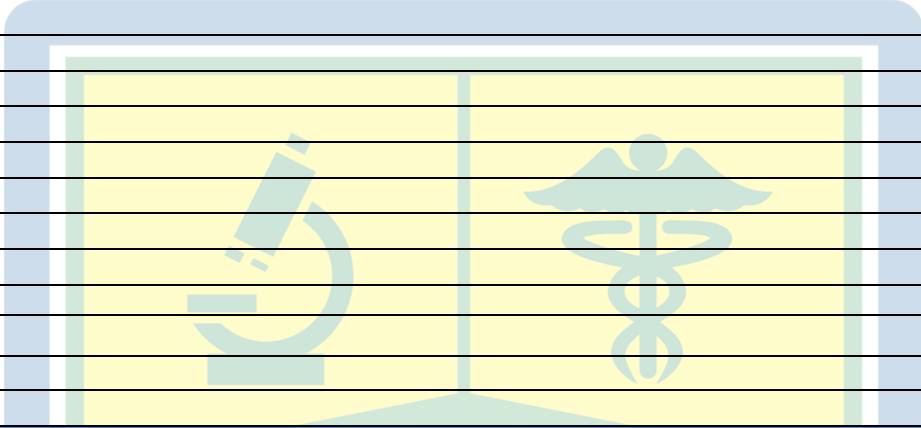
EMERGENCY CONTACT

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:	

ESSAY SECTION

WHAT DOES MEDICINE MEAN TO YOU?



FINANCIAL RESOURCES

Expected Source of Funding - Please tick the mode through which you intend to settle your tuition amount
(You may select multiple)

Government : (Please specify)	Parents
Donor : (Please specify)	Spouse
Award : (Please specify)	Self
Loan: (Please specify)	Other :

PRIVACY POLICY

This is to certify that all CONFIDENTIAL information obtained by the Caribbean School of Medical Sciences, Jamaica (CSMSJ) will not be subjected to any form of public scrutiny.

DECLARATION

I _____ certify that the above information is correct and is free from any errors or false information. I understand that if any intentional error is found within this document it may lead to sanctions or immediate expulsion. I give permission to CSMSJ to use my information when doing promotional activities

Signature _____

Date _____



FOR OFFICIAL USE ONLY

Documents Submitted

- Qualifications
- Curricular Vitae
- 2 Passport Size Picture
- Bank Receipt
- Copy of Identification
- Birth Certificate
- Character Recommendation
- Police Records /Student Permit

Signature _____ Date _____

Unconditional Acceptance Conditional Acceptance Rejected :

-- Comments

Admission Committee Chair _____ Date _____

H.O.D's Signature _____ Date _____

Dean's Signature _____ Date _____

EST 2014