



Intentional applicants note: Please print your name exactly as it appears on your passport

Full Legal Name:

Last/Family Name/Surname First/Given/Personal Middle

Date of Birth Place of Birth
MM/DD/YYYY City or Town Country

Social Security Number: Sex M F Age
XXXXXXXX

Citizenship United States: If not a U.S. citizen, are you a Permanent Resident? Yes No

Home Address:

Number and street or rural route Apt. No. Area Code Home Number
City or Town State Country Zip Code

Current Address (if different):

Number and street or rural route Apt. No. Area Code Home Number
City or Town State Country Zip Code

Emergency Contact:

City

Applicant's Email Address

Proposed Term of Enrollment: Fall (September) Spring (January) Summer (May) **Year**

Admission Category: (check only one)

Freshman Check here if you are a beginning freshman

Transfer Check here if you have transferable credits from an accredited medical school

Admission Program: (check only one)

Pre-medical

Check here if

List all Academic awards and/or honors

Date	Award/Honor	Brief Description

ADDITIONAL INFORMATION

How do you plan to finance your education? (List values in % of total cost)

Personal Savings		Family/Parental Support	
Other Sources		Other Loans (affiliated program)	

Do you prefer to live in AUA dormitory housing for at least one semester? Yes No

If yes please select your preference Single Occupancy Double Occupancy

Select your preference in choosing a medical school (select all that apply)

School's Facilities Cost

Nationality/Ethnic Background (optional)?

Asian

Black

Caucasian

Hispanic

Other

Personal Statement – It is not a substitute for Personal Essay

Personal statement is an opportunity for you to tell us more about yourself beyond your grades and test scores. For example, describe any special achievements or talents that you possess such as artistic or cultural interests/pursuits (poetry, bilingual proficiency, etc.). Explain any personal experience, responsibilities and/or challenges that have impacted you or your academic achievements. Please write your statement on a separate sheet(s) and attach to the application. Please be as detailed as possible in your response.

CERTIFICATIONS:

I, the undersigned, hereby apply for admission to American University of Anguilla School of Medicine. If admitted, I agree to comply with the rules of the school and to cooperate with the Faculty and Administration in maintaining high standards of scholarship and conduct. I certify that all the information provided in this application and associated materials are correct, valid and complete.

Signature

Date
