Spartan Health Sciences University

School of Medicine

Realize Your Dreams

Application For Admission

Category	New Applicant ☐	Re-Applicant ☐	Transfer Applicant ☐
Program	Pre-Medical ☐	Medical Sciences (MD) ☐	
Entry Term	January (Spring) ☐	May (Summer) ☐	September (Fall) ☐ Year _____

Fill-in and e-mail this form to admissions@spartanmed.org

For office use only

Date of Application: / /

Recommended For : Pre-Medical Trimester : _____ Medical Sciences Trimester : _____

Decision of Admission Committee : _____ Status _____

OM-RE

School Of Medicine

University Address	New York Information Office	New Mexico Information office
Spartan Drive,St.jude's Highway P.O. Box 324 Vieux-Fort, St. Lucia, West Indies. Tel: (718) 841-7660, (758) 454-6128	418, Stanhope Street Brooklyn NY 11237. Tel: (718) 456-6446	1074,Country Club Road, Suite A4 P.O. Box 989 Santa Teresa NM 88008. Tel: (575) 589-1372

PERSONAL INFORMATION

Name _____ / _____ / _____
Last / Family Name / Surname | Middle | First / Given

5x5 cm

Date Of Birth _____ /Age ____ / Sex ____ / Place of birth _____

Marital Status Married ☐ Single ☐ No of Dependents (Including yourself)

Passport Information *(As written on passport)*

Passport No: _____ Nationality _____
Place of birth: _____ Citizenship (Country) _____
Date of Issue: _____ Date of Expiry _____
mm/dd/yy mm/dd/yy

Permanent Address	Mailing Address
Telephone: _____ Mobile: _____	Telephone: _____ Mobile: _____
Email ID:	Skype ID:

Emergency contact details

Name _____ Relationship _____
Telephone _____ Email ID _____
Address _____

PERSONAL HISTORY

Extra-curricular activities : Yes ☐ No ☐ If yes check all that apply

Leadership skills ☐ Student Council ☐ Community Activities ☐ Volunteer Work ☐ Environmental Club ☐ Art ☐
Photography ☐ Dance ☐ Music ☐ Basketball ☐ Volleyball ☐ Athletics ☐ Yoga Club ☐ Food Club ☐
Others :

Do you have any academic experiences: Yes ☐ No ☐ If yes check all that apply

Professional ☐ Para professional ☐ Clinical experiences at hospital ☐

If yes please specify: _____

Did you work while attending college? No ☐ Yes ☐

If yes please specify:

Nationality / Ethnic Background (optional):

Black, non-Hispanic ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Hispanic or Latino ☐
Caucasian,non-Hispanic ☐ Other (please describe): _____

Describe Current Living Demographics:

Urban ☐ Suburban ☐ Rural ☐ Religion (optional) _____

EDUCATIONAL DETAILS

1 School Name
Address
City State Country Postal Code
O Level/A Level /Secondary/Higher Secondary ☐ Undergraduate ☐ Graduate ☐ Others ☐ Year of completion

2 School Name
Address
City State Country Postal Code
O Level/A Level /Secondary/Higher Secondary ☐ Undergraduate ☐ Graduate ☐ Others ☐ Year of completion

3 School Name
Address
City State Country Postal Code
O Level/A Level /Secondary/Higher Secondary ☐ Undergraduate ☐ Graduate ☐ Others ☐ Year of completion

4 School Name
Address
City State Country Postal Code
O Level/A Level /Secondary/Higher Secondary ☐ Undergraduate ☐ Graduate ☐ Others ☐ Year of completion

5 School Name
Address
City State Country Postal Code
O Level/A Level /Secondary/Higher Secondary ☐ Undergraduate ☐ Graduate ☐ Others ☐ Year of completion

Pre-Requisite & pre-med courses completed

Subjects		Name Of The Course	Name Of The University	Credit Hours	Grade
General Biology I	☐				
General Biology II	☐				
General Chemistry I	☐				
General Chemistry II	☐				
General Physics I	☐				
General Physics II	☐				
Mathematics	☐				
English	☐				
Non Science Courses	☐				
Non Science Courses	☐				

MCAT Scores:

Exam Date Test Scores: VR PS WS BS Total

Area of specialization, you interested in

Volunteer/Research Work/Publications/Awards/Honors

No	Date	Category	Brief description

REFERENCES

List two references (non- relatives) who can and will give an informed opinion of your capabilities and suitability for a career in medicine. These letters must contain their personal information for contact. Please inform them of your intention to apply. You may enclose their letters with this Application Form if you wish

	Name	Address	Business	Year

1	Have you ever been convicted of any crime other than a minor traffic offense If Yes, state the circumstances in detail on a separate sheet and attach it to this application	Yes ☐	No ☐
2	Have you ever involuntarily withdrawn from or dismissed from any college or medical school? If Yes, State the circumstances in detail on a separate sheet and attach it to this application	Yes ☐	No ☐
3	How do you plan to finance your studies? If Yes, Select the source Loans ☐ Personal Savings ☐ Parents ☐ Others:	Yes ☐	No ☐

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN:

This application is incomplete until all required Supporting Materials listed below have been received. Completion is solely the responsibility of the applicant and only completed applications will be considered by the Admission Committee. Admission is granted on the basis of ability and promise in medicine. There is no discrimination on the basis of race, religion, national origin, skin color, ethnicity, age or gender.

I, the undersigned, do hereby apply for admission to Spartan Health Sciences University, School of Medicine. I accept full responsibility for all statements made and for all documents submitted in connection with this application except for whatever is provided by my references. I certify that these are true and complete according to my present knowledge and belief. I understand that I will be dismissed from the University after due process, without entitlement of any refund of tuition or other fees paid if it is discovered that any of said statements or documents are false or incomplete.

I also understand that I will be dismissed as said above if it is discovered that I habitually abuse drugs or fail to keep my person and my clothing clean and neat or behave in an unseemly or unprofessional manner. I also understand that I will be dismissed or placed on probation for poor or failing academic work or for failing to meet my financial obligations to the University or for failing to abide by the rules of any hospital, medical center or other institution where I am pursuing a course for which I am enrolled

Signature of Applicant : _____ Date Signed : _____

Name of Applicant : _____

UNIVERSITY INFORMATION

How did you hear about Spartan University? (Check all that apply)

Tv/Radio Ad ☐ Internet ☐ Fair ☐ Magazine / Newspaper Advertising ☐ Spartan Representative ☐

Spartan University Current Student ☐ Family Member / Friend ☐ Other (please specify)

Spartan Health Sciences University

School of Medicine

PHYSICAL EXAMINATION AND IMMUNIZATION FORM

Dear Doctor:

The bearer of this form has applied for admission to the above named University. The laws of the country in which it is located require that he/she had a physical examination within the past six months before admission can be granted. Please complete this form and return it to the applicant. (Completion of this form is at the expense of the applicant.)

I hereby certify that I am a physician duly licensed to practice medicine in _____ and that I have personally examined
(state or country)

_____
(Name of Applicant)

Physical Examination

Height	_____ ft		Weight:	lbs			
BP	R Arm _____	L Arm	_____	Pulse:	_____	Allergies:	_____
HEENT							
Chest							
Abdomen							
Extremities							
Genitalia							
Mental Status							
Condition (s) for which currently being treated:							

Please describe any uncorrectable disabilities in his/her perception, intellect, personality, communication, manipulation or ambulation that might limit or interfere with his/her educational participation with that of his/her classmates.

Others:

Immunization Records

TB Status	_____	PPD Date Performed: _____	Result: _____
Date of Last Tetanus			
Diphtheria			
MMR			
Hepatitis B			

Physician Details:

Name of Physician _____ (Last / Family Name / Surname) _____ (Middle) _____ (First / Given)

Address _____

City _____ State _____ Country _____

Postal Code _____ Telephone Number _____ Mobile No _____

Email id: _____

Physician's Signature: _____ State; Registration # _____

Date:

P.o. Box 324, vieux fort, st. Lucia, west indies - phone: (758) 454-6128 - fax (758) 454-6811
e-mail address: admissions@spartanmed.org