



**UNIVERSITY OF SEYCHELLES  
AMERICAN INSTITUTE OF MEDICINE  
(USAIM)**

**APPLICATION FORM FOR ADMISSION TO MEDICAL PROGRAMS**

Affix  
Signed  
Photograph

Please select the appropriate Program

- Premedical
- Preclinical
- Clinical
- Transfer
- Post Graduate
- Dental

Applied For Year :

- |            |                                    |                                  |
|------------|------------------------------------|----------------------------------|
|            | <b>UG</b>                          | <b>PG</b>                        |
| Semester : | <input type="checkbox"/> January   | <input type="checkbox"/> January |
|            | <input type="checkbox"/> May       | <input type="checkbox"/> July    |
|            | <input type="checkbox"/> September |                                  |

Subject (for PG) :

**1. Personal Data**

\_\_\_\_\_  
Last Name (Family Name)                      (First Name)                      (Middle Initial)

\_\_\_\_\_  
Date of Birth (dd/mm/yy)                      Age                      Passport Number

\_\_\_\_\_  
Marital Status                      Country of Citizenship                      Country of Birth

\_\_\_\_\_  
Student Mailing Address

\_\_\_\_\_  
City or Town                      State/Province/Country                      Zip Code/Postal Code

\_\_\_\_\_  
Country                      E-mail Address                      Alternate E-mail Address

\_\_\_\_\_  
Work Phone or Cell Number                      Fax No. (Country/Area/City Code)                      Home Phone Number

**Permanent Address if different from Mailing Address :**

\_\_\_\_\_  
Student Permanent Address

\_\_\_\_\_  
City or Town                      State/Province/Country                      Zip Code / Postal Code

\_\_\_\_\_  
Mother's Full Name                      Occupation                      Age                      Highest level of Education

\_\_\_\_\_  
Father's Full Name                      Occupation                      Age                      Highest level of Education

**In case of Emergency contact :**

## 2. How did you first hear about USAIM ? (Please be specific)

Newspaper Advertisement	Name of newspaper _____
School Advisor	Name of Advisor _____
Internet	USAIM website other website ? _____
USAIM Student	Name of individual _____
USAIM Faculty	Name of individual _____
Others, please specify	Name of individual _____

## 3. Academic Record

O level (or 10th grade)       A Level (or 12th grade)       Graduate       Post Graduate

For Transfer Students from another medical school :

Please list all the courses that you have completed and passed :

## 4. Personal History

Do you have any disabilities that may limit your ability to attend school ?

Yes       No       If yes, please explain \_\_\_\_\_

Are you presently under a physician's supervision ?

Yes       No       If yes, please explain \_\_\_\_\_

Are you presently taking any form of medication prescribed by a Physician ?

Yes       No       If yes, please explain \_\_\_\_\_

Have you ever been convicted of a crime ?

Yes       No       If yes, please explain \_\_\_\_\_

Have you ever been dismissed from an academic institution ?

Yes       No       If yes, please explain \_\_\_\_\_

Have you ever attended in any medical school ?

Yes       No       If yes, please explain which institution and duration  
\_\_\_\_\_

Have you ever applied to USAIM before ?

Yes       No       If yes, when \_\_\_\_\_

Do you fulfil the outlined requirement for admission ?

Yes       No

If no, what requirements do you need to fulfill ? \_\_\_\_\_

If no, when will you complete the requirements ? \_\_\_\_\_

What is your first (native) language ? \_\_\_\_\_

Was your schooling in English ?

Yes       No

## 5. Employment, Volunteer work and extra curricular activities

List of Employment in the last four years (Date format dd/mm/yy)

Date: \_\_\_\_\_ to: \_\_\_\_\_ Employer name: \_\_\_\_\_

Date: \_\_\_\_\_ to: \_\_\_\_\_ Employer name: \_\_\_\_\_

Date: \_\_\_\_\_ to: \_\_\_\_\_ Employer name: \_\_\_\_\_

Date: \_\_\_\_\_ to: \_\_\_\_\_ Employer name: \_\_\_\_\_

Date: \_\_\_\_\_ to: \_\_\_\_\_ Employer name: \_\_\_\_\_

Date: \_\_\_\_\_ to: \_\_\_\_\_ Employer name: \_\_\_\_\_

### CHECK LIST FOR DOCUMENTS TO BE SENT

- Cover Letter
- Completed Application form
- Curriculum Vitae
- Six copies of Passport Size Photographs - signed on reverse
- Photocopies of official Transcripts of all secondary and Post-Secondary Schools
- Photocopies of your diploma
- Experience Certificates, if applicable
- Two Recommendation letters from Professor/Principle of the last school/college attended
- Essay decribing the significance of why you want to become a Doctor
- \$30.00 USD non-refundable application fee

### CHECK LIST FOR DOCUMENTS TO BE SENT

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- Completed Application form
- Curriculum Vitae
- Six copies of Passport Size Photographs - signed on reverse
- Photocopies of your previous credentials
- Photocopies of your diploma
- Copy of documentary evidences of your previous pastings
- Experience Certificates, if applicable
- Recommendation letters from your present employer
- Two letters of reference
- Copy of your immunization document, if PG is done in a country other than your country of origin
- \$30.00 USD non-refundable application fee

### DECLARATION

I hereby agree to take responsibility for all the facts furnished above and confirm that to the best of my knowledge and understanding they are correct and true. In the event that any information provided by me on this form is found to be untruthful or incorrect, I understand that I am liable to be expelled from the University.

Signature: .....

Date : .....

All application material should be forwarded to the following address :

**Executive & Admissions Office : USAIM, 6302 Illinois Road, Suite 222, Fort Wayne, IN 46804, U.S.A.**  
Phone : 1-260-740-2211 • Fax : 1-260-432-5819 • E-mail : Admission@usaim.edu • Website : www.usaim.edu