



**SPARTAN
HEALTH
SCIENCES
UNIVERSITY**

SCHOOL OF MEDICINE

Realize Your Dreams



Application For Admission

Category	New Applicant <input type="checkbox"/>	Re-Applicant <input type="checkbox"/>	Transfer Applicant <input type="checkbox"/>
Program	Pre-Medical <input type="checkbox"/>	Medical Sciences (MD) <input type="checkbox"/>	
Entry Term	January (Spring) <input type="checkbox"/>	May (Summer) <input type="checkbox"/>	September (Fall) <input type="checkbox"/> 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 _____

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

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	<input type="checkbox"/>			
General Biology II	<input type="checkbox"/>			
General Chemistry I	<input type="checkbox"/>			
General Chemistry II	<input type="checkbox"/>			
General Physics I	<input type="checkbox"/>			
General Physics II	<input type="checkbox"/>			
Mathematics	<input type="checkbox"/>			
English	<input type="checkbox"/>			
Non Science Courses	<input type="checkbox"/>			
Non Science Courses	<input type="checkbox"/>			

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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
3	How do you plan to finance your studies? If Yes, Select the source Loans <input type="checkbox"/> Personal Savings <input type="checkbox"/> Parents <input type="checkbox"/> Others: _____			Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

THE LIST OF SUPPORTING DOCUMENTS FOR THE APPLICATION IS AS FOLLOWS:

- Application fee of US\$100.00 Personal check or bank draft addressed to Spartan Health Sciences University, wire transfer
- 4 passport photos
- One page signed essay of your medical career expectations
- All Official transcripts
- Two signed Recommendation letters
- Police Record/Character certificate
- Drug Screening Test - drugs to be tested: marijuana, cocaine, opiates and nicotine