

**ALL SAINTS UNIVERSITY APPLICATION FORM**

Print and Mail or Email; Incomplete or Illegible Forms will NOT be processed

**PERSONAL INFORMATION**

**NATIONAL IDENTIFICATION NUMBER**

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**CHECK ONE:**

MALE  FEMALE

US SOCIAL SECURITY NO.  CANADIAN SOCIAL INSURANCE NO.  OTHER SIN

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ COUNTRY OF CITIZENSHIP: \_\_\_\_\_  
DD MM YYYY

HOME TEL. #: ( ) \_\_\_\_\_ - \_\_\_\_\_ IF NON-CANADIAN & NON-US CITIZEN:

ALT. TEL. #: ( ) \_\_\_\_\_ - \_\_\_\_\_ VISA STATUS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_. \_\_\_\_\_

**MAILING ADDRESS**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_

POSTAL/ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

**ACADEMIC HISTORY**

LIST ALL UNIVERSITIES ATTENDED - INCLUDING CURRENT STUDIES. FOR HIGH SCHOOL STUDENTS, STATE THE NAME OF THE HIGH SCHOOL, ALONG WITH THE EXPECTED DATE OF GRADUATION.

DATE:		NAME OF INSTITUTION	PROGRAM LENGTH	OFFICIAL NAME OF DIPLOMA/DEGREE	CITY	COUNTRY
FROM	TO					

\*NOTE: An official transcript must be sent from each college attended, including summer credits. Failure to list all schools, colleges and universities may make you ineligible for admission. A decision cannot be made until all transcripts have been received. Begin with most recent institution attended, and be sure to complete all requested information. Attach a separate sheet if necessary.

# ADMISSION INFORMATION

## INTENDED PROGRAM OF STUDY: (CHECK ONE)

- 5 YEAR MD PROGRAM
- 4 YEAR MD PROGRAM
- CLINICAL CLERKSHIPS
- BSc NURSING

## PROPOSED TERM OF ENROLLMENT:

- JANUARY
- MAY
- SEPTEMBER

## ADMISSION CATEGORY:

- FRESHMAN
- TRANSFER
- RE-ADMIT

## HOW DID YOU HEAR ABOUT ALL SAINTS UNIVERSITY? (PLEASE SPECIFY)

- NEWSPAPER \_\_\_\_\_
- TELEVISION \_\_\_\_\_
- RADIO \_\_\_\_\_
- UNIVERSITY CAMPUS POSTER \_\_\_\_\_
- SEMINAR \_\_\_\_\_
- STUDENT \_\_\_\_\_

HAVE YOU EVER BEEN WITHDRAWN FROM AN INSTITUTION? IF YES, WHY?  YES  NO

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HAVE YOU EVER BEEN ARRESTED OR CONVICTED? IF YES, WHY?  YES  NO

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HAVE YOU EVER BEEN TREATED FOR SUBSTANCE ABUSE? IF YES, WHY?  YES  NO

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\*\*\* Please attach your personal statement on a separate sheet of paper (1-2 pages). Create a rounded portrayal of yourself and state why it is that you want to become a doctor. Describe any special achievements or talents that you possess, any personal experiences, responsibilities and/or challengers that have impacted you or your academic achievements. \*\*\*

Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_