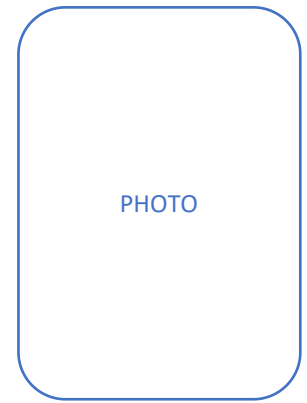




APPLICATION FORM



Program:	5 year MD <input type="checkbox"/>	4 year MD <input type="checkbox"/>	Transfer <input type="checkbox"/>
			Pre-Medical <input type="checkbox"/>
			Basic Sciences <input type="checkbox"/>
			Clinical Rotation <input type="checkbox"/>

Intake:	January <input type="checkbox"/>	May <input type="checkbox"/>	August/ September <input type="checkbox"/>
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1. PERSONAL INFORMATION

Name: First name	Middle name	Last name
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Others <input type="checkbox"/> Specify:
Marital Status: Single <input type="checkbox"/>	Married <input type="checkbox"/>	
Date of Birth:	Place of Birth:	
Religion:		
Nationality:	Passport Number :	Validity:
Contact number:	E-Mail address:	
Current address: Street address		
City	State/Province	Country
		Postal code

2. FINANCIAL INFORMATION

How do you intend to pay for education at Victoria University of Barbados:	Personal Savings <input type="checkbox"/>
	Private loans <input type="checkbox"/>
	Family support <input type="checkbox"/>
	Scholarship/ Bursary <input type="checkbox"/>
	Others <input type="checkbox"/> Specify:

3. PARENT/ SPONSOR/ NEXT OF KIN INFORMATION

Name: First name	Middle name	Last name
Relationship to applicant:		
Occupation:		
Nationality:	Passport Number :	Validity:
Contact number:	E-Mail address:	
Current address: Street address		
City	State/Province	Country
		Postal code



APPLICATION FORM

4. ACADEMIC INFORMATION

Are you currently enrolled in a school/ institution: No Yes Specify:

Name of school/ institution

Course

Date of graduation

School/ institution attended:

Year of graduation:

Degree/ Certificate attained:

School/ institution attended:

Year of graduation:

Degree/ Certificate attained:

5. MEDICAL INFORMATION

Do you have any physical disabilities: No Yes Specify:

Do you have any medical conditions: No Yes Specify:

Do you have any learning disabilities: No Yes Specify:

Are you taking any medications, prescriptions or over the counter: No Yes Specify:

Is there any health or mental condition you wish to inform the institution about: No Yes Specify:

Do you have any allergies to food, medication, plant, chemical or otherwise: No Yes Specify:

6. SUPPLEMENTAL INFORMATION

If you answer "yes" to any of the following, please submit a full statement of relevant facts for all incidents along with your application. You may be required to furnish copies of all official documents explaining the final disposition of proceedings

Have you ever attended any Medical school as a Candidate for an MD or MBBS program? No Yes

Have you ever violated academic performance? (E.g dismissal, disqualification, probation....) No Yes

Have you ever been a party in a Civil Lawsuit No Yes

Have you ever been Convicted or Charged with a Felony or Misdemeanour? No Yes

7. HOW DID YOU COME TO KNOW ABOUT V.U.B

News paper Internet Electronic media Outdoor advertisement Consultants
Others

Describe source, stating name:

Let your Medical Career Shine!



I hereby declare that all the information I provided above is true to the best of my knowledge. I understand that if any of the information is found wrong, my application will stand canceled and suitable action is liable to be taken by the university including but not limited to termination of admission or withdrawal of degree.

I have been explained in details about Victoria University of Barbados, School of Medicine. By submitting the application, I abide by the laws of government and regulations of the Victoria University of Barbados.

I understand that submission of an application does not guarantee admission into Victoria University of Barbados

Full Name and Signature of Applicant:

Date:

Let your Medical Career Shine!