

CENTRAL AMERICA HEALTH SCIENCES UNIVERSITY

Admissions Application

Please print or type application. Mail application and additional documents to:

C.A.H.S.U.

P.O. Box 55996

Washington, D.C. 20040 USA

Accompany application by non-refundable application fee, \$ 60 USD. Make check Money order payable to: *Belize Education Foundation*. **DO NOT SEND CASH**

Term you wish to enroll: May September January _____ Year

Applying as: New student Transfer from another medical school.

Medical school transferring from: _____

**Attach
photograph
Here!**

General Information

Last Name First Middle

Mailing Address Line 1

Mailing Address Line 2

City State Zip Code

Home Telephone: () Work Telephone: ()

Cell: () Other: ()

E-mail Address: @

Date of Birth: Birthplace:
Month Day Year

Social Security Number: Sex: F M
(US Citizens and permanent resident only)

Passport

Issuing Country Number Validation Dates

Education

School attended including high school

Name	From	To	Year Graduated	Major	Degree

Pre-medical Course Work

	Date Taken	Credit Hours	Lab		University
Biology I			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Biology II			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Chemistry I			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Chemistry II			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Organic Chemistry I			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Organic Chemistry II			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Physics I			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Physics II			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
English I			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
English II			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mathematics I			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mathematics II			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Applicants who do not have all required pre-medical courses may take the needed courses while enrolled in the medical program.

- Do you have any medical condition that may require special attention during your medical studies?

Yes No (If yes, please attach a separate sheet explaining)

- Will you need financial assistance to pay for your medical education?

Yes No (If you mark yes, we will send you a loan application immediately)

Items needed for application completion

- Completed Application Form	<input type="checkbox"/>
- \$ 60 USD Application Processing Fee	<input type="checkbox"/>
- 2 Letters of Recommendation	<input type="checkbox"/>
- Personal Statement	<input type="checkbox"/>
- Official Transcripts	<input type="checkbox"/>
- Copy of Diplomas	<input type="checkbox"/>
- Vaccination Report	<input type="checkbox"/>
- Copy of Passport	<input type="checkbox"/>
- 4 Photos	<input type="checkbox"/>
- Physical Examination	<input type="checkbox"/>
- Police Report	<input type="checkbox"/>
- Copy of Birth Certificate	<input type="checkbox"/>

Application Form: The completed application must be accompanied by a *non-refundable* application processing fee of \$ 60.00 USD made payable to: **Belize Education Foundation**.

Letters of Recommendation: Each applicant is required to include with the application with two recommendations.

Personal Statement: The applicant must include a one-page essay detailing his or her reasons for pursuing a career in medicine.

Academic Resume: Applicants must include a detail summary of their academic studies.

Transcripts: Academic records must be sent directly from colleges or other schools attended.

Copy of Diplomas: A copy of diplomas earned should be included.

Passport: The applicant must provide a copy of his or her passport.

Photos: Each applicant should provide 4 standard size passport photos.

Physical Examination: The applicant must provide physical examination from a clinic or family doctor.

Police Report: The applicant must submit a clearance report from local police department or substation.

Birth Certificate: Applicant must submit copy of original birth certificate.

Submit the application, processing fee, and all supporting documents to:

Central America Health Sciences University
P.O. Box 55996
Washington, D.C. 20040 USA

Tel: 1-877-523-9687 E-mail: admissions@cahsu.edu

DISCLAIMER

The Central America Health Sciences University (CAHSU), School of Medicine (Belize Medical College) is a Belizean medical school, which is located in Belize City, Belize, central America. The university is not located in Texas and is not authorized to operate in Texas.

The CAHSU is located in Belize and is not accredited by Liaison Committee for Medical Education (LCME), LCME is accreditation body for programs in medical education leading to a Doctorate degree in medicine in USA and Canada.

CAHSU has its charter and accreditations from the government of Belize and Belize accreditation body. CAHSU does not have any authority or certification from any Higher education coordinating board in the Unites States.

CAHSU is authorized to offer courses in Belize and Mexico and can grant degrees in Belize.

Each State in the Unites States has different licensing requirements for international medical graduates. Applicants, students and graduates are encouraged to contact the licensing boards for up to date requirements and restrictions.

All countries have their own regulations for licensing of foreign medical graduates therefore applicants, students and graduates are encouraged to contact the licensing authorities of the country for which they seeks licensing and check for requirements and restrictions in relation to licensure.

I certify the information submitted is complete and accurate to the best of my knowledge.

Applicant's Signature

Date

Central America Health Sciences University does not discriminate on the basis of age, sex, race, creed, national origin, veteran status or physical disability. Applications are encouraged from women and minorities.