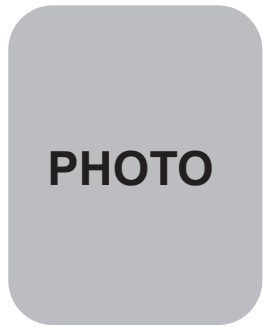




UNIVERSIDAD DE CIENCIAS MEDICAS
Andrés Vesalio Guzmán
International Affairs Department



ADMISSION REQUEST

Medical School

DATE:

Personal Information

Name: _____ Last name: _____ Female

Passport No: _____ Nationality: _____ Date of birth: Male

Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Phone No: () _____ Fax No: () _____
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Children No _____	

E-mail: _____

U.S.A. address: _____

Costa Rica address (if known): _____

Family Information

Name of father: _____ Level of education or occupation: _____

Name of mother: _____ Level of education or occupation: _____

Person to notify in case of an emergency

Name: _____ Phone No: () _____

E-mail: _____

Address: _____

Medical Education

Name of institution: _____ Initial date _____

Student level: MSI MS2 MS3 MS4 Resident Fellow

international experience

Name of institution: _____ Country: _____ Duration: _____

Other studies _____

Languages

Language 1: _____ Speaks Understands Writes Reads

Language 2: _____ Speaks Understands Writes Reads

Language 3: _____ Speaks Understands Writes Reads

Requirements

- Passport
- Immunization record
- Grades record
- CV
- Health Insurance card

**** Applications are received from January to July each year.**

Additional Information

A. Are you in good physical and mental health ? Yes No

B. Have you suffered from any mental or medical condition ?, please explain and mention if you are on any medication _____ Yes No

C. Do you need any special assistance ? Yes No

D. How are you planning to finance your elective rotation in Costa Rica ?

E. Are you willing to comply with the University ethical principles and requirements ? Yes No

F. What are the potential dates you would like to visit UCIMED ? _____

G. Specialty or sub specialty type of rotation: Surgery, Internal Medicine, Obstetrics, Pediatrics, Family Medicine, Other:

H. Objectives and goals of your visit/elective (besides improving your Spanish speaking skills)

I. Housing accommodations – do you prefer an apartment or host family arrangements

J. Personal Statement

Our University will not allow any political or doctrinary activities within the campus.

Are you willing to comply with this disposition ?

Yes No

The UCIMED reserves the right to accept or reject any application.

University
seal

Student Signature

School Representative