



Aureus University
School of Medicine

US ADMISSIONS OFFICE

21-00 Route 208 South, Suite. 220 • Fair Lawn, NJ 07410

Telephone 201.773.8880 • Fax 201.773.8884 • Toll Free 866.596.9919

E-mail: recruitment@aureusuniversity.com

Aureus University School of Medicine

• • • Application for Enrollment • • •

1. Complete this PDF fillable application form, save and email to: recruitment@aureusuniversity.com

NOTE: *Applicants must provide all supporting documentation (transcripts, test scores, essay, recommendations) in order for the application to be considered complete for review.*

2. Send the \$50 non-refundable application fee via secure payment portal:

<https://www.aureusuniversity.com/payment-options/> Or mail to:

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Applications may also be sent via Postal Mail to the US Admissions office or securely online at www.aureusuniversity.com.

For additional information, call 201.773.8880 or toll free 866.596.991



Aureus University School of Medicine

Application Form

This form contains fillable fields and may be submitted by email.
See instructions to print and send by Postal Mail.
Incomplete or illegible forms will not be processed.

Personal Information

Check One

Male Female

National Identification Number											
<input type="radio"/> US Social Security No.				<input type="radio"/> Canadian Social Insurance No.				<input type="radio"/> Other SIN			

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth : / /
 dd mm yyyy

Cell #: () _____

Alternate Tel #: () _____

E-mail Address: _____

Country of Citizenship: _____

If non-Canadian or non-US Citizen: _____

Visa Status: _____

Mailing Address: _____

Street Address: _____

City _____ Province/State _____ Postal/Zip _____ Country _____

Academic History

LIST ALL UNIVERSITIES ATTENDED INCLUDING CURRENT STUDIES. FOR HIGH SCHOOL STUDENTS LIST THE NAME OF THE HIGH SCHOOL AND EXPECTED DATE OF GRADUATION

Date		Name of Institution	Program Length	Official Name of Diploma/Degree	City/State	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

Intended Campus of Study:

Check One:

- Aruba Campus

Proposed Term of Enrollment

- January
- May
- September
- 2019
- 2020
- 2021

Admission Category

- Freshman
- Transfer
- Re-Admit

Other Information

Have you ever been subject to a disciplinary violation at an educational institution that resulted in probation, suspension, or expulsion?

Yes

No

If Yes, Why?

Have you ever been convicted of a misdemeanor, felony or other crime?

Yes

No

If Yes, Why?

Have you ever been treated for substance abuse?

Yes

No

If Yes, Why?

Please attach your personal statement on a separate sheet. (Maximum 2 Pages). Create a rounded portrayal of yourself and state why you want to become a doctor. Describe any special achievements or talents you possess, and any personal experiences, responsibilities or challenges that have impacted you or your academic achievements.

> From whom or where did you hear about Aureus University? _____

Signature:

Date Signed

By signing this form you confirm that all information provided is correct and true to the best of your knowledge.