



Saint James School of Medicine

SJSM

*Saint James
School
of Medicine*

Willemstad, Curaçao, Netherlands Antilles

Application for Admission

APPLYING TO SJSM

ALL APPLICANTS

We're glad you chose to apply to SJSM. By choosing to complete this application, you have made an important decision about your higher education. Please read the following carefully. Then, fill out the application completely and accurately so that it can be evaluated and you can be notified of a decision.

You should complete this application, submit supporting documents and appropriate application fee if you . . .

...are applying to SJSM for the first time, either as a freshmen or transfer.

...are applying to SJSM for readmission.

...were previously admitted to SJSM but did not enroll.

Completing Your Application

Review of your application will begin only after we receive your completed, signed application form, the appropriate application fee and additional materials (as listed in these instructions) by the published deadline.

- This application is valid only for the term for which you are applying. If you do not enroll for that term, you should inform the SJSM Office of Admission that you would like to defer your enrollment.
- Any changes (name, address, program, etc.) to this application should be submitted in writing to the SJSM Office of Admission.
- A transcript is considered official only when it is mailed directly from the records office of a given school, college, or university to SJSM Office of Admission. Transcripts marked "Issued to student" are considered official only if they are received in a sealed envelope from that school.
- All documents must be originals (faxed or unofficial documents cannot be accepted). All documents submitted to SJSM for admission purposes become property of the University. They will not be released to students or forwarded to other educational institutions or agencies.
- Enclose a check or money order in U.S. currency made payable to "Human Resource Development Services Inc." The nonrefundable application fee is \$50 for all applicants. Do not send cash through the mail.

You are encouraged to use a Social Security Number as your identification number to process your admissions and financial aid applications. We are requesting your Social Security Number pursuant to Public Law 93-579 for the University's system of student records as well as for compliance with federal and state reporting requirements. A Social Security Number is **required** if you are applying for financial aid but is **not required** for admission to the University. Providing a Social Security Number will, however, speed up the processing of your application. The University has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose your Social Security Number without your consent for any purpose except as allowed by law. If you do not have a Social Security Number, you will receive a temporary ID number that should be used on all correspondence.

If you need assistance in filling up this application please feel free to call our Office of Admission at 1-800-542-1553.

GENERAL ADMISSION REQUIREMENTS

The fate of the application will be communicated within 7-10 working days from the day of receipt of the application. The following submittals are required to determine the eligibility for admission:

- **A completed Application Form.**
- **Personal essay explaining the reasons why you want to become a physician.**
- **Official transcripts from each school, college or university attended.**
- **Two letters of recommendation (forms downloadable from our website)**
- **Two passport size color photos (2"X2").**
- **MCAT scores, official report (optional).**
- **TOEFL scores, if applicable.**
- **Nonrefundable application fee of US \$ 50 (fifty).**
- **1 page brief resume.**

Following final acceptance, you will be advised to deposit US \$1,000 (one thousand) to reserve your seat for a given semester. The amount will be credited to the first semester tuition. Upon payment of the remaining balance you will receive a copy of **STUDENTS HANDBOOK** containing pertinent information on how to prepare for the basic science classes and the additional documents required to apply for residence permit in Bonaire.

Applicants from the U.S. or Canada

who are U.S. citizens or have permanent visas are expected to have a minimum of 90 credit hours undergraduate course work from an accredited college or university. This is equivalent to approximately 2-3 years of undergraduate course work. Preference will be given to applicants who have completed a baccalaureate degree or higher.

Applicants from Other Countries

The admissions committee will evaluate applicants from countries with educational standards comparable to the US. Each applicant should meet the educational requirements for admission to medical school in the country of origin.

Other applications will be evaluated on an individual basis. All course work and diplomas should be translated into English.

Language

Applicants, whose native language is not English are required to take **TOEFL** (Test Of English as a Foreign Language)

All application materials should be mailed to: Saint James School of Medicine Office of Admission

C/o Human Resource Development Services Inc. 1480, Renaissance Drive, suite 300, Park Ridge, IL-60068

Phone: (800)542-1553, (847)375-0543 Fax: (847)298-2539 Email: admission@sjsm.org Web: www.sjsm.org

ADMISSION INFORMATION

11 Proposed Term of Enrollment *(check only one)* Spring (January) Summer (May) Fall (September) Year _____

12 Admission Category *(check only one)*

Freshman Check here if you are a beginning freshman.

Transfer Check here if you have transferable credits from an accredited medical school.

Readmit Check here if you have ever registered at SJSM for credit courses even though you may also have attended another collegiate institution. Previous enrollment was (check all that apply): Premedical MD Basic Science MD Clinical Science

13 Admission Program *(check only one)*

Premedical Check here if you have graduated from high school or equivalent or have less than 90 credits of undergraduate coursework or equivalent.

MD Basic Science Check here if you have at least 90 credits of undergraduate coursework or equivalent.

MD Clinical Science Check here if you have successfully completed minimum two years of Basic Science in an accredited medical school.

14 Premedical Program applicants only: Indicate the high school from which you graduated / will graduate.

<i>School Name</i>	<i>City or Town</i>	<i>State or Country</i>
Graduation date (mm/yyyy)	Dates of Attendance (mm/yyyy)	to
<i>Month / Year</i>	<i>Month / Year</i>	<i>Month / Year</i>
<i>List other high schools attended</i>	<i>City or Town</i>	<i>State or Country</i>
<i>List other high schools attended</i>	<i>City or Town</i>	<i>State or Country</i>

Check here if you completed the GED instead of graduating from high school. Indicate all high schools attended in the space provided above. Have your official GED scores as well as transcripts from last high school sent directly to SJSM's Office of Admissions.

15 List all other colleges at which you have enrolled, regardless of grades and/or hours earned.
 An official transcript must be sent from each college attended, even from summer or if no credit was earned.
 Failure to list all colleges & universities may make you ineligible for admission. A decision cannot be made until all transcripts have been received.

Begin with most recent college attended and be sure to complete all requested information.

Name	City or Town	State or Country	Dates of Attendance		Major	Degree
			From	To		
			Month Year	Month Year		

16 Are you currently enrolled in a College/University? Yes No
 If yes, please complete the following: Name of College/University: _____ State or Country: _____

List the college courses you are taking now or plan to take before enrolling at SJSM.

Term	Course Department	Course Titles as Stated in Catalog	Credits

* For students with international college credit, indicate years of full-time study instead of credit hours.

ADDITIONAL INFORMATION

17 How do you plan to finance your education? *(list values in % of total cost)*

Personal Savings	<input type="text"/> %	Family/Parental Support	<input type="text"/> %
Federal Govt. Loans	<input type="text"/> %	Private Loans	<input type="text"/> %
Other Sources	<input type="text"/> %	If Other Sources please explain _____	

18 Do you have relatives or friends, who are or were students of SJSM? Yes No

If Yes please list name and relationship

Name

Relationship

19 What source did you learn about SJSM from? *(check only one)*

Internet	<input type="checkbox"/>	TV Ad	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	Friend	<input type="checkbox"/>
Other Sources	<input type="checkbox"/>	If Other Sources please explain _____	

20 Personal Statement (Optional) - **This is not a substitute for Personal Essay**

While not required, this personal statement is an opportunity for you to tell us more about yourself beyond your grades and test scores. For example, describe any special achievements or talents that you possess such as artistic or cultural interests/pursuits (poetry, bilingual proficiency, etc.). Explain any personal experience, responsibilities and/or challenges that have impacted you or your academic achievements. Please write your statement within the space below or on a separate piece of paper (limit response to 2 sides of paper) and attach to application. Please be as detailed as possible in your response.

21 CERTIFICATION: I, the undersigned, hereby apply for admission to Saint James School of Medicine and agree to comply with the rules of the school and to cooperate with the Faculty and Administration in maintaining high standards of scholarship and conduct. I certify that all the information provided in this application and associated materials are correct, valid and complete.

If you are applying online, put your name and your initials in the SIGNATURE field and then click on www.SJSM.org to submit the application.

If you are applying by mail, please remember to **sign the application before you mail it.**

Signature _____ Date _____

www.SJSM.org