

Saint James School of Medicine

TRANSFER REQUEST FORM

Anguilla Campus: Albert Lake Drive, The Quarter, A-1 2640, Anguilla • Phone: 773-765-4697 • Fax: 264-497-5125
Bonaire Campus: Plaza Juliana 4, Kralendijk, Bonaire, Netherlands Antilles • Phone: 599-717-2150 • Fax: 599-717-2151
St. Vincent Campus: Cane Hall, Saint Vincent and the Grenadines
Administrative Office: C/o Human Resource Development Services Inc. • 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068
Phone: (800) 542 1553 • Fax: (847) 298 2539 • Web: www.sjism.org • Email: Records@mail.sjism.org

INSTRUCTIONS

SJSM defines a transfer student as someone who is currently enrolled at SJSM, wants to discontinue enrollment and who intends to seek admission to a medical program in a medical school other than Saint James within a period of one year.

- Students who wish to transfer must be approved by the Retention Committee.
- Transfer request may not be submitted earlier than 4 weeks before current semester ends.
- Transfers may not be automatically approved. SJSM reserves the right to set criteria for transfer students as outlined in the Student Handbook, which is available on-line.
- The student must provide the Retention Committee with a one page account for the reasons of transfer before they can be approved.
- The student may submit any other supporting documentation they feel will help their case.
- Students must also submit a \$50.00 non-refundable application fee. Applications without payment will not be reviewed.
- The Retention Committee will notify the student of its decision in letter form within 30 business days.
- Tuition refunds will be processed in 12-15 weeks from the date transfer was approved.

SEND COMPLETED FORM TO: *Via Fax:* (847) 298 2539 • *Via Email:* Records@mail.sjism.org

Via Mail: Human Resource Development Services Inc., 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068

TO BE FILLED OUT BY STUDENT

*****ALL FIELDS ARE REQUIRED TO BE FILLED OUT OR WILL NOT BE PROCESSED*****

Wait until end of current term? YES or NO Campus? Anguilla Boniare St. Vincent

Full Name: _____ Student ID#: _____

Mailing Address: _____

Phone: _____ Email: _____

I seek admission to _____ medical school located in (select one from below)
the U.S. or Canada the Caribbean within 50 miles of my SJSM campus other _____

Reason for Transfer: (can also complete on separate paper and include with this form)

I am currently enrolled at SJSM and I wish to discontinue my enrollment at SJSM. I intend to seek admission to a medical program at a medical school other than SJSM within a period of one year from the date of transfer. I fully acknowledge that my official and unofficial transcripts will only be released on submission of the Transcript Request Form, duly filled, and the required fee. I understand that if I am transferring to a school within a 50 mile radius of SJSM, I may be subject to administrative costs in the amount of US \$6000.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Approved Denied On hold

(Registrar's Office) Signature: _____ Date: _____

Refund amount: _____ Approved by: _____ Date: _____