

POZNAN UNIVERSITY OF MEDICAL SCIENCES, POZNAN, POLAND
APPLICATION FORM



Dean's Office Address:
POZNAN UNIVERSITY OF MEDICAL SCIENCES
Center for Medical Education in English
41 Jackowskiego Street, Poznan 60-512, POLAND
<http://www.pums.ump.edu.pl>

Photo
passport size

Scandinavian applicants please send the application form to the Admission Office in NORWAY:

AGDER VITENSKAPSAKADEMI, Thor Kristian Hanisch, Serviceboks 422
Gimlemoen A6, N-4604 Kristiansand S, Norway
<http://www.poznan.no>

Applicants from Taiwan, China, Singapore, Malaysia and the Philippines please send the application form to the Admission Office in TAIWAN:

Lin's Int'l. Education Management Group of Cos., Jimmy Lin
9F, No. 16, Section 1, Han-Kou St., Taipei City, Taiwan, P.R.C.
<http://www.liemg.com.tw>

American, Canadian and all other Applicants (from countries not listed above) please send the application form to the Admission Office in USA:

Poznan University of Medical Sciences UNITED STATES OFFICE
108 Village Square, Suite 402, Somers, NY 10589-2305, USA
<http://www.mdprogram.com>

- 4-year M.D. Program* 5-year M.Sc. in Pharmacy Program*
 6-year M.D. Program* 6-year Pharm. D. Program*
 5-year D.D.S. Program* 3-year B.Sc. in Physiotherapy Program*

* choose the appropriate

APPLICATION DATE: _____

PLEASE PRINT OR TYPE

I. BIOGRAPHICAL DATA

1. _____ - _____ - _____ 2. _____ 3. _____ / _____ / _____
Social Security Number (if applicable) Place of Birth Date of Birth (Day/ Month/ Year)

4. Sex Female * Male * * choose the appropriate

5. Name _____
Last First Middle (suffix)

6. Please check one box. I am:

- A citizen of the United States
A permanent resident of the United States
A citizen of Norway
A citizen of Taiwan (China)
Other/ Foreign Country _____
Alien Reg. No. _____ Issue Date _____

7. Permanent Address

Mailing Address

Street

City (State)

Zip County Country

Permanent Telephone Number

Street

City (State)

Zip County Country

Permanent E-Mail Address

8. Passport: _____
Country _____
Date of Issue _____

_____ No
Date of Expiry _____

II. FAMILY

_____ Father's Name	_____ Alive?	_____ Occupation	_____ Legal Residence	_____ Highest Education
_____ Mother's Name	_____ Alive?	_____ Occupation	_____ Legal Residence	_____ Highest Education
_____ Other Guardian	_____ Alive?	_____ Occupation	_____ Legal Residence	_____ Highest Education
_____ Spouse	_____ Alive?	_____ Occupation	_____ Legal Residence	_____ Highest Education

2. Siblings _____ / _____ / _____ / _____
Ages of your Brothers _____ / _____ / _____ / _____
Ages of your Sisters

3. Dependents _____
Ages & Relation of your Dependents

III. ACADEMIC DATA

1. High School

_____ School Name	_____ City,(State) or Province	_____ Year Graduated
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2. College(s). Please include Graduate and Professional Schools. Start with most recent attended.

<i>Name & Address</i>	<i>Dates Attended</i>	<i>Major</i>	<i>Degree Received / expected?</i>
_____	_____	_____	<input type="checkbox"/> _____
_____	_____	_____	<input type="checkbox"/> _____
_____	_____	_____	<input type="checkbox"/> _____
_____	_____	_____	<input type="checkbox"/> _____
_____	_____	_____	<input type="checkbox"/> _____

3. Scholastic Assessment Test (SAT)

_____ Date(s) Taken	_____ Mathematics	_____ Writing
_____ Verbal	_____ Number of SAT's Taken	

4. ACT examination score (Composition) _____ Date(s) Taken _____

5. Are all of your pre-med requirements completed? Yes No If no, when will you complete them: _____

IV. MEDICAL COLLEGE ADMISSIONS TEST (MCAT)

Date(s) Taken	Verbal Reasoning	Physical Sciences
Writing Sample	Biological Sciences	Number of MCAT's Taken

V. PRE-MEDICAL COURSEWORK (only to the 4-year M.D. Program)

Course	School(s)	Grade	North American Equivalent
General Chemistry (*)	_____	_____	_____
Organic Chemistry (*)	_____	_____	_____
Biochemistry	_____	_____	_____
Physiology	_____	_____	_____
Physics (*)	_____	_____	_____
Biology (*)	_____	_____	_____
Genetics	_____	_____	_____
Zoology	_____	_____	_____
Histology	_____	_____	_____
Descriptive Geometry	_____	_____	_____
Calculus	_____	_____	_____
Differential Equations	_____	_____	_____
Statistics	_____	_____	_____
English (*)	_____	_____	_____

* = Required Course

VI. GRADE POINT AVERAGE

Annual		Cumulative		Cumulative math/science	
1. Freshman: _____	3. Junior: _____	5. Undergraduate: _____	7. Undergraduate: _____		
2. Sophomore: _____	4. Senior: _____	6. Graduate: _____	8. Graduate: _____		

VII. FINANCIAL SUPPORT

1. Who is going to pay the University fee during your studies?

If by grant/loan, please state the name of authority and address _____

VIII. PERSONAL DATA

1. Please describe any honors that you received during high school/ college. Include honorary societies.

2. Describe your extracurricular, community and vocational activities while in college, and after.

