

Please complete all sections clearly and write in BLOCK CAPITALS

Return your completed form to: Admissions, Metropolitan University, Newgate Street, Antigua

Completed forms can also be emailed to [admissions@mu.edu.ag](mailto:admissions@mu.edu.ag)

## PERSONAL DETAILS

Title (Mr/Mrs/Ms/Other)		
Surname/Family Name		
First Name/Given Names		
If you have changed your name in the last five years please specify		
Gender		
Date of Birth (DD/MM/YYYY)		
Citizenship		
Permanent Address including Postal code/Zip code		
Telephone number	Home:	Mobile:
Email ID		



Mailing Address (If different from Permanent address). Please include postal code/Zip code			
Person to contact in case of Emergency			
Relationship of the emergency contact			
Home address of the emergency contact (If different from above)			
Telephone number and Email of emergency contact			
Email ID of the emergency contact			
Name of the Father/Guardian			
Email of Father/Guardian		Telephone number of Father/Guardian	
Name of the Mother/Guardian			
Email of Mother/Guardian		Telephone number of Mother/Guardian	



## EDUCATIONAL BACKGROUND

Name and address of the Institution	Dates of Attendance (Start and End dates)	Degree and its completion date or expected completion date

## ADMISSION SOUGHT FOR (TICK THE APPROPRIATE AREA)

4-Year MD Program <input type="checkbox"/>			5-Year MD Program <input type="checkbox"/>			(If unsure, leave this blank)		
Premedical Program <input type="checkbox"/>			For those who are seeking admission after completion of high school or who have completed some PM program or college-level education elsewhere					
Basic Science Program <input type="checkbox"/>			For those who have completed a PM program at another medical school or who have bachelor's degree					
Clinical Science Program <input type="checkbox"/>			For those who are transferring from another medical school after completing minimum of 2 years of education					
List the year and semester the admission is being sought for			Semester: Spring (Jan) or Summer (May) or Fall (Sept)			Year:		



**DISCIPLINE INFORMATION**

Have you ever been placed on probation, suspended, removed, dismissed or expelled from any school or academic program since 9th grade? <b>Answer YES or NO</b>	
Other than traffic offenses, have you ever been convicted of any misdemeanor, felony, or other crime? <b>Answer YES or NO</b>	
If you answered yes to either question, please provide an explanation and the approximate dates of each incident. Please attach your response to the end of the application.	

**HOW DID YOU HEAR ABOUT METROPOLITAN UNIVERSITY?**

--

**AUTHORIZATION**

- Your signature below
- 1. authorizes all schools you attended to provide all requested records and allow review of your application for the admission process chosen on this application.
  - 2. confirms all information in this application (including any supplemental information) is factually true and honestly presented and that you are the person submitting this application.

Signature: \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_