



American International University West Africa

Admissions Application

Please print or type application. Mail Application and additional documents to:

American International University West Africa
6776 Southwest Freeway, Suite 600
Houston, TX 77074 USA

Accompany application by non-refundable application fee, US \$75. Make check / Money Order / Wire transfer / Western Union / Money Gram payable to: American International University West Africa. **DO NOT SEND CASH**

Term you wish to enroll: Jan. May September

Year: 2011 2012 2013

Applying as: New Student Transfer from another college

Applying to: (Circle One)

School of Medicine School of Dentistry School of Pharmacy

**Attach
Photograph
Here!**

High School or College transferring from:

General Information

Last Name First Middle

Mailing Address Line 1

Mailing Address Line 2

City State Country Zip / Postal Code

Home Telephone: () () Other

Cell () () Other

E-Mail Address

Date of Birth: Birthplace: Country:

Passport Information

Issuing Country Passport Number Validity

Education

Schools Attended including High School:

Name	From	To	Year Graduated	Major	Degree

Science Classes Taken During High School:

All of these classes are NOT required / prerequisites but are considered as part of the selection criteria.

Class	Date Taken	Credit Hours	Lab	College or University
Biology			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chemistry			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Organic Chemistry			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physics			<input type="checkbox"/> Yes <input type="checkbox"/> No	
English			<input type="checkbox"/> <input type="checkbox"/>	
Other:			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have any medical condition that may require special attention during your medical studies?

Yes No

(If yes, please attach a separate sheet explaining)

Will you need financial assistance to pay for your medical education?

Yes No

Will you prefer living on campus?

Yes No

Checklist for completed application:

Completed Application Form	
US \$75 Application Processing Fee	
1 Letter of Recommendation from your High School Principle or Guidance Counselor	
2 Letters of Recommendation, preferable from Professors or Physicians	
Personal Statement	
Official Transcripts	
GCE "O" / "A" / SAT / ACT Score report	
Copy of Diplomas from High School and from any other education program taken during or since High	
School Vaccination Report	
Copy of Passport	
4 Photos	
Physical Examination	
Police Report	
Copy of Birth Certificate	

Application Form: The completed application must be accompanied by a non-refundable application processing fee of US \$75 made Payable to: **American International University West Africa.**

Letters of Recommendation: Each applicant is required to include with the application three recommendations; one must be from your high school Principle or Guidance Counselor.

Personal Statement: The applicant must include a one-page essay detailing his or her reasons for pursuing a career in medicine.

Academic Resume: Applicants must include a summary of their academic background including both accredited and extracurricular activities.

Transcripts: Academic records must be sent directly from High Schools or other schools attended.

Copy of Diplomas: A copy of diplomas earned should be included.

Passport: The applicant must provide a copy of his or her passport.

Photos: Each applicant should provide 4 passport sized photographs.

Physical Examination: The applicant must provide physical examination. **Police Report:** The applicant must submit a clearance report from local police department or substation dated within six (6) months. **Birth Certificate:** Applicant should submit a copy of the original Birth Certificate.

Submit the application, processing fee, and all supporting documents to:

Admissions Officer
American International University West Africa
6776 Southwest Freeway, Suite #600
Houston, Texas 77074 USA

Fax: (713) 338-2329

E-mail: admissions@aiuwa.org

DISCLAIMER

The American International University West Africa (AIUWA) School of Medicine **West Africa** campus conducts Pre-Med and Basic Science courses and is located in Conakry, Republic of Guinea.

The University is NOT located in Texas and is not authorized to operate in Texas.

AIU has its charter and accreditations from the Government and African accreditation body.

Each state in the United States has different licensing requirements for international medical graduates.

Applicants, students and graduates are encouraged to contact the licensing boards for up to date requirements and restrictions.

All countries have their own regulations for licensing of foreign medical graduates therefore applicants, students, and graduates are encouraged to contact the licensing authorities of the country for which they seek licensing and check for requirements and restrictions in relation to licensure.

I certify the information submitted is complete and accurate to the best of my knowledge.

Applicant's Signature

Date

*American International University West Africa does not discriminate on the basis of age, sex, race, creed, national origin, or physical disability.